



OUR REF: KKF/CL/01

Date: 5<sup>th</sup> Feb, 2026

## ATHLETE INDEMNITY, MEDICAL DECLARATION & LIABILITY WAIVER FORM

### 1. Declaration of Eligibility & Compliance with WKF / Federation Rules

I hereby declare that:

- I am a registered and licensed member in good standing with my National Karate Federation and/or WKF (where applicable).
- I am eligible to participate in this competition under the applicable WKF Competition Rules and the regulations of the Host/National Federation.
- I agree to abide by all technical rules, competition regulations, disciplinary codes, safeguarding policies, and decisions of the Organising Committee, Referees, and the Jury of Appeal.

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### 2. Medical Fitness & Insurance Declaration

I declare that:

- I am medically fit and physically capable of participating in karate competition and related activities.
- I have undergone any required medical examination in accordance with WKF and/or National Federation regulations.
- I hold valid personal medical/accident insurance that covers participation in karate competitions (or acknowledge that I participate at my own risk where such insurance is not mandatory).

**Known Medical Conditions (if any):** I shall submit Doctors Medical report that clears me as medically fit to participate in the competition. Failure to which the event organizing shall not be responsible for any eventualities.

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### 3. Assumption of Risk

I acknowledge that karate is a combat sport involving inherent risks, including the risk of serious injury. I voluntarily assume all risks associated with my participation in training, warm-up, competition, and related activities at the event venue and its environs.

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#### **4. Indemnity, Release & Waiver of Liability**

To the fullest extent permitted by law, I hereby:

- Waive, release, and discharge the WKF, the National Federation, the Host Federation, the Local Organising Committee, sponsors, officials, referees, judges, volunteers, medical staff, venue owners, and their respective officers, employees, and agents from any and all liability for injury, illness, loss, damage, or death arising from my participation in the event, except where such liability arises from gross negligence or wilful misconduct.
- Agree to indemnify and hold harmless the above parties against any claims, actions, damages, costs, or expenses arising from my participation or breach of competition rules.

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#### **5. Anti-Doping & Code of Conduct**

**I acknowledge and agree that:**

- I am subject to applicable anti-doping rules (WKF / National Federation / WADA where applicable) and may be required to submit to doping control.
- I will comply with the Federation's Code of Conduct, Ethics, and Safeguarding Policies, and understand that violations may result in disciplinary action, including disqualification or suspension.

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#### **6. Consent to Medical Treatment**

In the event of injury or medical emergency, I consent to the provision of first aid and/or emergency medical treatment as deemed necessary by event medical personnel. I understand that any medical costs incurred shall be my responsibility or that of my insurer.

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#### **7. Media & Data Protection Consent**

**I consent to:**

- The use of my name, image, photographs, and video recordings taken during the event for legitimate sporting, promotional, educational, and reporting purposes by the Organizers and Federation, without compensation.



- The collection and processing of my personal data for event administration, results management, accreditation, and compliance with federation regulations, in accordance with applicable data protection laws.

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## **9. Governing Law & Jurisdiction**

This form shall be governed by and construed in accordance with the laws of the Republic of Kenya (or the host country, as applicable), without prejudice to the application of WKF statutes and regulations.

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## **10. Athlete/Guardian for U18 Participants Declaration**

I confirm that I have read, understood, and voluntarily agree to the terms of this Indemnity, Medical Declaration & Liability Waiver Form.