

DISCLAIMER



NB: THIS DOCUMENT MUST BE READ FULLY AND CAREFULLY, IT MUST BE COMPLETED AND APPROVED BY SIGNATURE IF THE NAMED IS TO COMPETE IN THE TOURNAMENT. **THIS IS AN INSURANCE/LIABILITY DISCLAIMER**

NAME:.....AGE:.....

CONTACT NUMBER(s):

HOME ADDRESS:.....

POSTCODE:.....

NATIONALITY:.....

KNOWN HEALTH PROBLEMS: YES/NO

MEDICATION: YES/NO

I understand:

1. The risks of competitive fighting and accept that there is a very real possibility of harm or injury not only to myself but over competitors.

2. Failure to comply with the rules in place for competing (by referees, coordinators or those with sufficient authority) increases the risk of damage and injury to both me and other fighters.
3. The intense level of physical and mental strength required to participate.

Fighters Must Be:

1. Of sufficient physical fitness to fight
2. Of sound mental capacity to understand this document and the risks of fighting
3. Willing to comply with the rules

I the undersigned forfeit any right to compensation, indemnity or other forms of damages as a result of any injury incurred whilst competing in this tournament. I will not hold the organizers or proprietors liable for personal injury incurred in what is a frolic of my own, and participation is completely voluntary. I hereby release, remise and forever discharge from any claims and liabilities whatsoever without limitation that I might have against the organizers/site owners and any other competitor who might injure me howsoever arising, and I make this release on behalf of myself, my heirs and any holding power of attorney.

I HAVE READ THIS RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS TERMS AND CONDITIONS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARY AND WITHOUT INDUCEMENT.

SIGNATURE:.....DATE:.....