FIGHTER'S WAIVER FORM

The Kyokushinkai Portugal Association, as co-organizer of this championship, cannot be held legally responsible at any time for injuries suffered by the athlete during the championship, nor for any subsequent complications arising from such injuries.

The athlete signing this declaration declares that he/she (name):

is fully aware of the rules of this Kyokushin Karate (full contact) competition, which will take place on October 17, 2026, in Vila do Conde, Portugal. He/she also declares to be in good health, without any injuries or illnesses at the moment that prevent him/her from participating in the championship.

If the participant is a woman, she also declares that she is not pregnant.

If necessary, he/she agrees to cover all costs related to testing, quarantine, etc. The athlete further declares to have personal insurance that will cover any accidents that may occur during the competition.

The athlete signing this declaration also agrees to submit to a drug test and/or a doping test if selected.

Date: _____

Signature: _____