RING CONTACT FIGHTING ARTS

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INDEMNITY **WEIGHT CHECK:**_____

TOURNAMENT: _____CLUB_____

MODES PARTICIPATING IN: Semi Contact ☐ Millennium ☐ Full Contact ☐ Low Kick ☐ Close Combat ☐

Weapons ☐ Weapon Series ☐ Series ☐ Fitness Challenge ☐

FIGHTER'S FULL NAME AND SURNAME: _____

IDENTITY NUMBER/DATE OF BIRTH_____

AGE: _____ CELL: _____

ADDRESS: _____

I, _____hereby declare that I am fit and in excellent health and able to participate in this Ring Contact Fighting Arts (RCFA) event. I understand that RCFA is a contact sport and voluntarily agree and consent to participate. I confirm that I understand the rules of RCFA and should I participate in any of the RCFA divisions, I am fully aware of the dangers involved. I declare that I am not on any medication or any form of drug which I should not be using if taking part in a RCFA event. I exempt RCFA and/or management and/or the event organizers and/or trainers and/or coaches and/or officials and/or assistants or any person involved of any liability for any case of personal injury and/or damage and/or loss that may occur at the event. I consent that the First Aid/medical officials may attend to me when injured. I accept responsibility that should I have to receive treatment at a hospital or any medical institution due to any injury that I will be responsible to pay my own expenses.

I hereby indemnify Ring Contact Fighting Arts and/or any person employed or assisting Ring Contact Fighting Arts against any liability for any damage(s) and/or loss and/or injury(s) of any kind, to my person or property during any of the activities offered by Ring Contact Fighting Arts, which I choose to participate in.

In case of a minor (any person under the age of 18 years of age) I confirm that my parent(s) and or legal guardian(s) who has been notified either personally, telephonically, or electronically of my intended participation in the Ring Contact Fighting Arts activities, has either personally, telephonically, or electronically given his/her/their permission to do so. I understand this indemnity form clearly and was not unduly influenced to sign it. I sign this form freely and voluntarily.

I have been checked out by a medical doctor and this doctor declared me fit for participation in any RCFA event. I am aware that should I have an injury or medical condition which may be aggravated by taking part in a RCFA event, that I should not participate.

IN CASE OF EMERGENCY

Contact person: _____ Relationship _____ Cell: _____

Signed at _____ this _____ day of _____ 20 _____

_____ _____ _____

Fighter Signature Parent /Guardian Signature (if fighter U/18) Instructor Signature

Cell: _____ Cell: _____ Cell: _____

_____ _____

Witness Witness

MEDICAL (RING: FULL/LOW/CLOSE COMBAT– WILL BE DONE AT THE WEIGH-IN)

Weight _____ Pulse: _____ BP: _____ Lungs clear: _____

Remarks: _____

MAY / MAY NOT PARTICIPATE IN EVENT

_____ _____ _____

Physician/Paramedic/ Doctor Signature HCPSA Nr Full Name & Surname