

# SKANDINAVIAN SOKYOKUSHIN OPEN

5th OCT IN SWEDEN 2013

国際空手道連盟 極真会館  
スウェーデン世界総極真

極真

極真



DOC - III -

## DISCLAIMER FORM

Mr / Mrs (Competitor):

Full Name			
ID Card		Nationality	

I hereby declare **TO PARTICIPATE** of my own volition in the Tournament of Karate Kyokushin:

Event: ..... Skandinavian open sokyokushin

Date: ..... **Okt 5, 2013**

Place: ..... **Strömsbro sports hall  
Hillevägen 14 Gävle Sweden**

Organized by: ..... **Sweden Sokyokushin (Wiklund dojo)**

Exempting from any responsibility to the Organization of named tournament for any damages or personal injuries as a result of the preparation for, or participation in, the named tournament or in the period thereafter. I declare that have full knowledge of the rules of this competition of kyokushin karate (full contact). I declare to have a good, strong health and no injuries or illnesses at the present time that can prohibit her/him from taking part in the championship.

In addition, I declare to have a current insurance of accidents that covers any injury produced for the participation in this tournament.

I also authorize the Organization of the tournament, or its nominated representative, to capture photographic images during the course of this event and may, at its sole discretion, use for advertising or promotional purposes.

The competitor signing this statement also agrees to take drug test if selected.

I have read and understood the above text and for the record I hereby sign the present document below:

Place		Date	
-------	--	------	--

\_\_\_\_\_  
SIGNATURE