SOUTH AFRICAN KICKBOXING ASSOCIATION

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EXEMPTION / INDEMNITY

COMPETITION : _____

FIGHTERS NAME : _____

AGE : _____ CELL : _____

ADDRESS : _____

I, _____hereby declare that I am fit and in excellent health condition to participate in this kickboxing event and that I am not on any medication or any form of drug. I also exempt the event organizers, trainers, helpers, and officials of all cases of personal injury that may occur at the event and that the First Aid/medical officials may attend to me when injured. Should I have to receive treatment at a hospital or any medical institution due to any injury I will be responsible to pay my own expenses.

I hereby indemnity South African Kickboxing Association and or any person employed or assisting South African Kickboxing against any liability for any damage(s) and or injury(s) of any kind, to my person and I or property during any of the activities offered by South African Kickboxing Association, which I choose to participate in.

In a case of a minor (any person under the age of 21 years of age) I confirm that my parent(s) and or legal guardian who has been notified either personally, telephonically, or electronically of my intended participation in the South African Kickboxing Association activities and 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 and understand that should I get any form of injury that it will not be due to the negligence of the event organizers and or management and or any other person involved.

I understand that kickboxing is a contact sport and voluntarily agree to participate. I confirm that I understand the rules of kickboxing and should I do full contact I am fully aware of the dangers there of. I might have had, has been checked out by a medical doctor and this doctor declared me fit for participation in this Kickboxing event and should I have an injury or medical condition which might be aggravated by the nature of kickboxing I will not participate.

IN CASE OF EMERGENCY

Contact person : _____ Relationship _____ Cell : _____

Signed at _____ this _____ day of _____ 20 _____

_____	_____	_____
Fighter's Signature	Parent's Signature (if fighter U21)	Instructor Signature
Cell : _____	Cell : _____	Cell : _____
_____	_____	_____
Witness	Witness	Event Organizer

MEDIAL (RING CONTACT – 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