Cyprus Wushu Kung Fu Federation



WAIVER OF LIABILITY

Association:	
Full name of participant:	
Date of birth:	Gender:
Nationality:	Passport or ID.:
coercion or violence, voluntarily submit my application to the the acceptance of my application by the CYPRUS WUSHU KUN and mental harm, disability and loss that may arise in connectors/05/07/2025 (hereinafter referred to as "the Organizing Compresentatives and assigns, and hereby release the Organizing volunteers and other members associated with it from all clair that may arise to me as a result of my participation in the Characteristics.	5 th Cyprus Wushu Kung Fu Championship. Considering NG FU FEDERATION, I hereby assume all risk of physical ction with my participation in the Games organized or mittee"), acting for myself, my heirs, personal agents hizing Committee, its officers, agents, representatives ms, lawsuits and legal disputes arising out of any matter
I fully understand that all medical care and treatment proverepresentatives, volunteers, and all other related members wofficials of, their representatives, volunteers, and all other mer	ill be first aid only, and I hereby release the organizers
I understand that it is my responsibility to obtain medical co established by the organizers and understand that my protesarbitration.	
agree that my performance, attendance, and participation in otherwise recorded and shown on social media, television bro	
I consent to the use by the promoters of my name, address, voor in part, in any form or language, with or without other mate video, theatrical image, or any other medium by any devicting the control of the control	erial, worldwide, without limitation, for television, radio es known today or hereafter and I hereby waive any
I have read and fully understand the above disclaimer. (Par under 18)	ent or guardian signature is required if participant is
Name of parent / guardian	Signature
Participant signature	Date
Name of parent / guardian	