



**20TH KSI WORLD KARATE CHAMPIONSHIPS
CAPE TOWN SOUTH AFRICA 2020**

INDEMNITY

NO PARTICIPANT MAY PARTICIPATE IN ANY KSIAS ACTIVITY UNLESS THIS FORM IS COMPLETED AND SIGNED.

THIS INDEMNITY IS TO BE SIGNED BY ALL OF THE FOLLOWING PERSONS, ATTENDING, TAKING PART IN SUPPORTING, COVERING OR VIEWING THE KIMURA SHUKOKAI INTERNATIONAL WORLD CHAMPIONSHIPS TAKING PLACE IN CAPE TOWN SOUTH AFRICA ON 13 TO 18 JULY 2020 (“the Event”) AND HOSTED BY KIMURA SHUKOKAI INTERNATIONAL SOUTH AFRICA SOUTH (“KSIAS”):

- i) COMPETITORS;
- ii) COACHES;
- iii) MANAGERS;
- iv) REFEREES;
- v) TABLE OFFICIALS;
- vi) GUARDIANS OR OTHER PERSONS *IN LOCO PARENTES* OF PERSONS WITHIN THE ABOVE GROUPS, WHO ARE MINORS.

I, _____ [Full Name and surname, or parent or guardian (if the participant is a minor) of _____ of _____ - Dojo. _____ [Country] hereby agree to participate, alternatively give permission for the minor to participate in all activities, gashukus, social functions, travel to and from the Event and training associated with the Event and to participate in approved tours and excursions related to the Event (“the Activities”).

I/we fully understand and acknowledge that:

- There are risks and dangers associated with participation in the Event and the Activities which could result in bodily injury, partial and/or total disability, paralysis and death.
- The social and economic losses and/or damages which could result from these risks and dangers could be severe and significant.
- These risks and dangers may be caused by the action or inaction, negligent or otherwise of the participant in the action, by the inaction or action, negligent or otherwise of others, including but not limited to KSISAS, its agents or affiliates.

This indemnity is given freely and voluntarily.

I acknowledge that this document is legally binding on me and that by signing it I acknowledge having read and understood and accepted the terms and conditions set out herein.

I/we hereby indemnify and hold KSISAS, its agents, representatives and instructors harmless against any claim or demand arising from the death of or injury or any loss of or damage to property, of whatsoever nature and howsoever sustained, including consequential loss, arising from or occasioned by my participation in the Event or the Activities.

I further acknowledge and agree that in consequence of signing this memorandum I am waiving all rights to make any claim, or to bring any court action or other dispute resolution process to recover compensation or obtain any other remedy for any injury or loss suffered or sustained to my person or property or (*in the case of a person in loco parentis*) to any person represented by me whilst engaged in the Event or the Activities.

This indemnity is given in favour of KSISAS and is deemed to include its trustees, members, directors, servants, employees, subcontractors and assigns of such entities.

Furthermore I hereby grant an indemnity to KSISAS and any trustees, members, directors, servants, employees, subcontractors and assigns of such entities, on the same terms and conditions as are set out above, in respect of and for and on behalf of any minor child accompanying me and hereby warrant that I am the legal guardian of such child and am authorised and entitled to give such indemnity.

g: As required by Section 49 of the Consumer Protection Act No 68 of 2008, it is hereby brought to my attention that contents of this document comprise an agreement that limits the risk or liability of KSISAS, that constitutes an assumption of risk by me, and imposes an obligation on me to indemnify KSISAS, in the manner set out above.

The following information is essential in case of medical treatment or hospitalization:

Name of Medical Aid Fund (if applicable)

Membership Number

Name of Family Doctor

Telephone Number:

SIGNATURE OF PARTICIPANT/
PARENT/GUARDIAN

I.D. NO. OF PARTICIPANT/
PARENT/GUARDIAN

NAME OF NEXT OF KIN

Telephone Number

NEXT OF KIN RELATIONSHIP

DATE
