

WAIVER & MEDICAL INFORMATION FORM

Medical Clearance Form

Do you have any condition which prevents you training ar	nd competing in this event? Yes No
2. Do you have any condition which may endanger others tra	aining and competing in this event? Yes No
giving approval for you to participate in the JKA Australia	clearance below must be completed, signed and stamped by your doctor inc. Seminar being held on 25 - 27 September, 2015 in Rowville, Victoria e is a medical condition, submit both doctor's approval and waiver.)
Doctor's	s Approval
Participants Full Name:	Date of Birth:
Medical Condition requiring clearance:	Doctor's Stamp:
Doctors Name:	Doctors Phone:
person's participation in the JKA Australia Inc. Seminar being he	
Doctor's Signature	Date
Waiver	
September, 2015 in Rowville, Victoria, for myself, my heirs, exector cause of action, which I or they might otherwise have, arising	eptance of my participation in the seminar being held on 25 to 27 utors and administrations, hereby waive all and any claims, rights g out of any loss of life, injury, damage or loss of any description consequence of, my entry or participation in the seminar and/or
This waiver extends to and operates separately in favour of all performed or staging the seminar and competition and the serva	ersons, corporations and bodies involved or otherwise engaged in ants, agents, representatives and officers of any of them.
Name:	Branch Name:
Signature:	Date:
Parent/Guardian's Signature:	Date:
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Safety Equipment Required: Mouth guard, fist protectors, and chest protectors required for Kumite Events.