



## NON-PREGNANCY DECLARATION for FEMALE KICKBOXERS 16 year and older

Please read the below information carefully, complete the requested information, date and sign under your name. This form must be completed and returned to a Medical Control official when registering.

<b>WAKO India Affiliates</b>	<input type="checkbox"/> Passport No. / <input type="checkbox"/> Adhaar Card No.

<b>Sports ID Number</b>	<b>First Name</b>	<b>Last Name</b>	<b>Mobile No.</b>

<b>KICKBOXING DISCIPLINE</b> Ring / Tatami / Forms	<b>AGE CATEGORY</b> Senior, Master	<b>WEIGHT CATEGORY</b>

I declare that: I am not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the competition, I on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against WAKO (including its officials and employees), the organizers of the competition (including the Organizing Committee and/or the Host Federation) and the Competition Venue owners for such injury or damage.

I officially declare that I am fully responsible for the statement given above. I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice.

*Date (dd/mm/yy)*

*Kickboxer's Signature*