



PARENTAL / LEGAL GUARDIAN CONSENT

I _____ as parent / legal guardian of the minor

son / daughter _____ Aadhar / ID number _____
Full name of underage competitor *Aadhar / ID Number*

agree that my son / daughter participate as a competitor on kickboxing competition

_____/_____
Name of the competition *Place and date of competition*

accompanied by a coach _____ Aadhar / ID number _____
Full name of coach *Coach's Aadhar / ID Number*

I confirm with my signature that I fully agree with all of the provisions set out in the WAKO India Liability **Waiver signed by my son / daughter and non-pregnancy declaration signed by my daughter.**

I also confirm with my signature that I fully agree that in case of an accident and the need of medical assistance to my son / daughter, all necessary exams (including x-rays and CT scan) and all necessary medical treatments (including blood transfusions and surgical procedures) should be performed.

I am aware that the data collected through this document will be processed for the purposes described in WAKO India Privacy Notice.

I declare to have read and understood the content of this document.

Place and Date: _____

Signature: _____
Parent's or Legal Guardian's signature