



## Consent Form - Ultimate Truth "One Match



Registrations must be completed by November 07, 2021

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
(yyyy/mm/dd)

Dojo \_\_\_\_\_ Instructor : \_\_\_\_\_

EVENT  Semi contact

For the Ultimate Truth (ONE MATCH) competition to be held at the St. Barthelemy Center (7111 Av. des Érables, Montreal, QC H2E 2R1) on November 13, 2021, according to my situation as a karateka, and the will of my legal guardians, if any, my registration, its confirmation and my presence at this martial arts competition of a sporting nature, I hereby waive, unequivocally for myself, my heirs, my executors my heirs, executors, guardians and all duly authorized agents, from any and all claims against the FKCO/WKO Canada Shinkyokushin Karate Federation, the FKCO Foundation, (Zen Martial Arts Dojo) and all affiliated dojos and/or its administrative divisions, their respective officers, authorized agents, representatives, successors and/or delegates, St. Barthelemy Centre and participants in the competition. I consent to the use of photographs of me and the participants in the competition that I will voluntarily compete against. I consent to the use of photographs and/or video of me in the context of the Championship for publicity or promotion of the Organization. I waive the right to demand any monetary compensation. I understand that the money paid for this championship is not refundable at any time. Finally, I agree that in the event of injury, the medical care provided to me on site will be primary care only. I have read this document, I understand its meaning and I willingly agree to sign this waiver in order to participate in this competition organized by Dojo Zen Arts Martiaux.

Signature of the competitor: \_\_\_\_\_  
(parent/guardian if under 18)

Date: \_\_\_\_\_  
(yyyy/mm/dd)

❖ Please print and hand in at the registration table at the event