

## **ONE WAIVER IS REQUIRED FOR EACH PARTICIPANT**

**WAIVER:** I understand that the practice of Karate, and specifically, tournament competition and seminar participation, inherently involve some physical contact, and as such, know that physical injury can occur. As consideration for being allowed to compete in this tournament and participate in the seminars and dinner banquet, I hereby assume all responsibility for and all risk of damage or injury that may occur as a participant in the Isshinryu World Karate Association (hereinafter "IWKA") 2024 Championship Tournament, Seminars, and Dinner Banquet to be held in Pittsburgh, PA on August 1 – 4, 2024.

Also, as a registered participant and as an individual that may be bringing family members, additional guests and spectators, I hereby acknowledge and assume the risk of contracting communicable diseases, including but not limited to, COVID-19, SARS-CoV2, MIS-C, and other illnesses, for me, my family members, and additional guests and spectators that I may bring.

Specifically, I agree to release and will hold harmless and fully indemnify for any claims which might arise, the Isshinryu Karate Academy of Pittsburgh, the Amateur Athletic Union of the United States Inc. (hereinafter "AAU"), and the Wyndham Grand Pittsburgh Downtown and any persons affiliated with this tournament and seminars in any way from all claims, causes of action, bodily injury, death, medical treatment, damages, and costs on account of any injury or damage which may occur from my participation in the IWKA 2024 Championship Tournament, Seminars, and Dinner Banquet, and also on account of any communicable diseases or illnesses which may be acquired from my participation in the IWKA 2024 Championship Tournament, Seminars, and Dinner Banquet.

I further acknowledge that the Isshinryu Karate Academy of Pittsburgh, the AAU, and the Wyndham Grand Pittsburgh Downtown make no representation or guarantee regarding the safety from infections of communicable diseases, such as COVID-19, SARS-CoV-2, MIS-C, and other illnesses through the use of the hotel rooms, public restrooms, recreational areas, and facilities designated for the tournament competition, seminars, and dinner banquet (herein all collectively referred to as "Facilities").

Although the United States Centers for Disease Control and Prevention (hereinafter "CDC") has ended the COVID-19 Public Health Emergency (PHE) Declaration, the undersigned further acknowledges that the CDC, the Pennsylvania Department of Health, and the Allegheny County Health Department recommend practicing social distancing and agree that while using the Facilities that the undersigned will observe all recommended practices for reducing the risk of communicable disease, including COVID-19, SARS-CoV-2, COVID-19, MIS-C, and other illnesses.

The undersigned further represents that they are not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell within 24 hours of any IWKA 2024 Championship Tournament sponsored event (during Aug 1 – 4, 2024) and are following all CDC, Pennsylvania Department of Health, and Allegheny County Health Department recommended guidelines as much as possible and limiting exposure to COVID-19, SARS-CoV-2, COVID-19, MIS-C, and other illnesses.

By checking the box below, I acknowledge that I have read the rules and agree to abide by them and assume full responsibility for any and all of my actions during the IWKA 2024 Championship Tournament, Seminars, and Dinner Banquet to be held in Pittsburgh, PA on August 1 – 4, 2024.

IF UNDER 18 YEARS OF AGE, THIS RELEASE MUST BE ACKNOWLEDGED AND SIGNED BY A PARENT, LEGAL GUARDIAN OR PERSON ASSUMING LEGAL RESPONSIBILITY FOR COMPETITOR.

A PAPER COPY OF THIS WAIVER WILL NEED TO BE SIGNED UPON PICK-UP OF THE REGISTRATION MATERIALS – PRIOR TO PARTICIPATING IN ANY OF THE EVENTS ON AUGUST 1 – 4, 2024.

Name of Competitor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Competitor: \_\_\_\_\_ Date: \_\_\_\_\_

(Name and signature of parent or legal guardian is required if competitor is under the age of 18)

Name of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_