LONDON OPEN KARATE CHAMPIONSHIP 2027

ADULT COMPETITOR WAIVER FORM

Competitor Details

Competitor's Full Name: _____

Category (e.g., Men +18, -70kg): _____

Dojo: _____

BC/DOP: _____

Waiver and Consent

I, the undersigned, hereby declare that I take part in the **London Open Karate Championship 2027** on **Saturday, February 6th, 2027**, at my own risk and my own responsibility and that my health condition allows me to take part in this competition and that there are no medical contraindications to my participation.

I declare that I will not file any complaints or claims in court for injuries caused by any incidents during the competition. I accept that the organisers of the **London Open Karate Championship** are not liable in any way for the actions or omissions of the participant in the competition.

I declare that I have familiarised myself with the competition rules (IKO Kyokushinkai) and I fully accept the provisions contained.

I consent to the processing of my personal data within the meaning of the regulations and policies of the UK parliament on the protection and disclosure of personal data under the **DATA PROTECTION ACT 2018** and the use of images by **TOKEI KYOKUSHINKAI KARATE and IKO GREAT BRITAIN, LION COURT, 28 MAGDALEN STREET, LONDON, SE1 2EN** for the purpose of promoting and disseminating the sport of karate, including the publication of results, photos, and reports of the competition in the press, on websites, social media, and professional guides.

Signature

Competitor's Signature: _____

Date: _____