

This Waiver must be completed and signed by legal Guardian. Failure to comply will void your participation at the tournament.

Event Dates: SEPTEMBER 29th & 30th - 2018 Name of Event: DESTINY - NMA/ISKA SA CHAMPIONSHIPS
Event Producer: NMA/ISKA. Event: Martial arts competition, officiating, spectating and related activities
Event Location(s): COETZENBURG SPORT CENTRE, STELLENBOSCH and other event locations including PARKING FACILITIES

Please Read Carefully Before Signing Adult = 18 years of age or over; Minor = under 18 years of age)

PLEASE NOTE: The "Released Parties, .as referenced in the waiver below, include: **COETZENBURG SPORT CENTRE, STELLENBOSCH** and each of their respective parents, subsidiary, affiliated or related companies. Including, without limitation, the International Sport Karate Association, Inc, the National Mixed Martial Arts Academy of South Africa, Paul Caves Mixed Martial Arts, South African Grappler's Association, South African Sports Martial Arts, MASA, SASCOC all event sponsors or charities, and each of their respective parent, subsidiary, affiliated or related companies; and the shareholders, officers, directors, employees, agents, owners, executives, selectors, referees, judges, admin staff, medical personal, contractors, subcontractors, representatives, subcontractors, successors, assigns and volunteers of each of the foregoing entities.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ANY AND/OR ALL OF THE RELEASED PARTIES USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ANY AND/OR ALL OF THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ANY AND/OR ALL OF THE RELEASED PARTIES HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

In consideration of my and/or my child or ward's participation in the Event referenced above and any related activities (collectively, the "Event"), wherever the Event may occur, I agree to assume all risks incidental to such participation (which risks may include, among other things, muscle injuries, broken bones, or death). On my own and/or my child or ward's behalf, and on behalf of my and/or my child or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with me or my child or ward's participation in the Event and/or any such activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs or expenses including, but not limited to, all attorneys' fees and disbursements up through and including any appeal. I understand that this release and indemnity includes any and all tort, contract and other claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered before, during or after such participation. If I am executing this release on behalf of my child or ward, I understand the extent to which I am releasing the Released Parties for negligence.

To those risks inherent in the activity and any other risks (please be sure and read the uppercase text found above this paragraph). I declare that I and (if participating) my child or ward are physically fit and have the skill level required to participate in the Event and/or any such activities. I further authorize medical treatment for me and/or my child or ward, at my cost, if the need arises. I acknowledge that **NMA/ISKA AND COETZENBURG SPORT CENTRE, STELLENBOSCH** is not responsible for organizing, operating, producing, supervising or otherwise conducting the Event and makes no representations or warranties, either express or implied, regarding the condition or suitability of the venue for the Event.

In consideration of my and/or my child or ward's participation in the Event, wherever the Event may occur, I also agree that my and/or my child or ward's name, likeness, voice, description, and performances at the Event may be recorded, compiled, edited, sold, distributed, and otherwise used by the Released Parties without restriction for purposes of publicity and marketing, television broadcast, home video or DVD, print media, or any other purpose, and I expressly waive on my behalf and that of my child or ward, the right to seek compensation therefore from any of the Released Parties; and that the email address(es) and phone and text numbers listed above and/or used by me in registration for the Event or otherwise provided to the Released Parties may be used for present and future marketing, survey, and data compilation purposes by the Released Parties and/or their subsidiary and/or affiliated companies or other entities at the discretion of the Released Parties, and that this may be considered an "opt-in" for those purposes and that I may receive emails regarding services, products, and future events.

This Waiver Form shall be governed by the laws of South Africa, and any legal action relating to or arising out of this Waiver Form or the Event shall be commenced exclusively in the Judicial Circuit in South Africa, I certify I am 18 years of age or older and, if I am executing this Waiver Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete.

DATE

Signature of Participant (if 18 or over); or
Parent or Guardian (if Participant is under 18);
or Court Appointed Guardian

Print Name of Participant (if 18 or over); or
Parent or Guardian (if Participant is under 18);
or Court Appointed Guardian

contact numbers of Parent or Guardian (if participant is under 18) **COMPULSORY!**

If you have any difficulty in understanding this waiver in any way please contact NMA HEAD OFFICE 021 910 3130

COMPLETE THIS FORM & HAND IT IN TO YOUR INSTRUCTOR ASAP
NO CHEQUE PAYMENT ACCEPTED! ALL PAYMENTS & FORMS TO BE HANDED TO YOUR INSTRUCTOR