

APPENDIX 1

15th Pan American Wushu Championships (PAWC)

Liability Waiver

Federation				Color Photo ID
Participant's name				
Date of Birth		Gender		
Nationality		Passport N°		
Participant's role				
• Athlete • Team Leader • Coach • Medical Doctor • Observer				

I, the undersigned, knowingly and voluntarily, and without coercion, acknowledge and accept the terms governing my participation in the 15th Pan American Wushu Championships.

The 15th Pan American Wushu Championships are sanctioned by the Pan American Wushu Federation (PAWF) and organized by the Argentine Wushu Kung Fu Federation and the City of Buenos Aires; hereinafter referred to as the "Organizing Committee."

I understand and acknowledge that participation in the 15th Pan American Wushu Championships involves inherent risks of loss, damage, or injury, including but not limited to risks arising from participation in competition and training activities, the use of sports facilities or equipment, and/or the actions or omissions of other participants or third parties.

Furthermore, I understand that my participation in the 15th Pan American Wushu Championships is subject to my agreement to and acceptance of this Liability Waiver ("Waiver").

In consideration of PAWF and the Organizing Committee accepting my application, I assume all risks of physical and mental injury, disability, and loss that may arise from or be related to my participation in the 15th Pan American Wushu Championships.

On behalf of myself, my heirs, personal representatives, agents, successors, and assigns, I hereby release and discharge, to the fullest extent permitted by law, the Organizing Committee, including all associated organizations, affiliates, and representatives, including but not limited to its officers, agents, employees, representatives, volunteers, judges, referees, and all other related personnel, from any and all claims, actions, demands, liabilities, and disputes arising from any loss, damage, or injury that I may suffer as a result of, or in connection with, my participation in the 15th Pan American Wushu Championships.

I fully understand and acknowledge that it is my sole responsibility to determine whether I am physically fit and medically able to participate in any event without posing a risk to myself or others. I hereby certify that, to the best of my knowledge, this is the case.

I understand that it is my responsibility to inspect the condition of the sports facilities and

equipment used and that I waive any claims arising from defects therein.

I fully understand that any medical attention or treatment provided to me by PAWF and the Organizing Committee, including all associated organizations, affiliates, and representatives, such as officers, medical personnel, employees, volunteers, and other related personnel, shall be limited to first aid assistance only. I hereby consent to receiving such treatment and release PAWF and the Organizing Committee, together with their officers, representatives, employees, volunteers, and all other related personnel, from any liability arising from the provision of such assistance.

I understand that it is my personal responsibility to obtain and maintain my own medical insurance coverage. I am solely and entirely responsible for obtaining adequate insurance coverage against personal injury and third-party liability, covering the period before, during, and after the event.

PAWF and the Organizing Committee, including all associated organizations and affiliates, shall bear no responsibility, in whole or in part, for any damages, medical expenses, or hospitalization costs incurred as a result of participation in the 15th Pan American Wushu Championships.

I agree to comply with and abide by the Rules and Regulations established by IWUF and the Organizing Committee and to follow all instructions issued by them. I acknowledge and accept that it is my personal responsibility to familiarize myself with all such Rules, Regulations, and instructions.

I agree to conduct myself in a professional and courteous manner at all times and understand that I may be subject to disciplinary measures and sanctions for any violations, in accordance with the PAWF Constitution, the PAWF Code of Ethics (as amended from time to time), and any other Rules and Regulations established by PAWF and the Organizing Committee.

I understand that any dispute shall be resolved in accordance with the PAWF Constitution and any other applicable PAWF Rules and Regulations.

I agree that my performance, attendance, and participation in the 15th Pan American Wushu Championships may be photographed, filmed, recorded, broadcast, or live-streamed.

I hereby consent to PAWF and the Organizing Committee using my name, likeness, image, voice, photographs, video recordings, live or recorded broadcasts, and biographical and personal data, in whole or in part (collectively, the "Identity, Voice, and Image Data"), with or without other materials, worldwide, without limitation, for television, radio, video, film, theatrical media, digital platforms, or any other media now known or hereafter developed, for any purpose determined by PAWF or the Organizing Committee.

I hereby waive any right to compensation arising from such use and relinquish any future rights related thereto.

I further consent to the collection, processing, and use of my Identity, Voice, and Image Data by PAWF and the Organizing Committee for commercial and promotional purposes involving sponsors and media partners, as well as, where necessary, by third parties for the purpose of facilitating my participation and accreditation at the event (including, but not limited to, law



enforcement authorities, border service agencies, and similar entities).

Furthermore, while acknowledging that PAWF and the Organizing Committee will take my needs for rest, training, and competition preparation into consideration, I agree to make myself reasonably available during the event for television, digital media, and radio interviews, promotional and press photo sessions, and press conferences held in designated areas.

If any provision of this Waiver is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

This Waiver shall be governed by the PAWF Constitution, the applicable Rules and Regulations established by IWUF and the Organizing Committee, and, where such rules do not apply, by the laws of Switzerland.

I have read and fully understand the above Liability Waiver.

For athletes under 18 years of age: This Waiver must be signed by a parent or legal guardian.

Participant's Signature	Parent/Legal Guardian's Signature	Parent/Legal Guardian's Name
	<i>(Required if the participant is under 18 years of age)</i>	
Date	Date	Date



APPENDIX 2

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Medical Certificate (sample)

1. ATHLETE INFORMATION

Family Name				Color Photo ID
Given Name(s)				
Country / territory		Postal Code		
Passport N°		Telephone N°		
Email Address				
Address				

2. ATHLETE MEDICAL QUESTIONNAIRE (Please attach relevant supporting documents if you answered "Yes" to any of the following questions.)

Are you currently under the care of a physician?	
Have you ever been unconscious or suffered a concussion?	
Have you received a significant blow to the head within the last 6 months?	
Have you experienced any headaches within the last two weeks?	
Do you have any bleeding disorders?	
Is there any hereditary disease or medical condition in your family?	
Have you ever undergone surgery?	
Have you ever been hospitalized?	
Do you have any medical condition(s)?	
Do you have a history of seasonal allergies or allergies to medications?	
Is there a history of sudden death before the age of 45 in your family?	



3. PHYSICIAN INFORMATION

Family Name	
Given name(s)	
Telephone	
Address	

4. MEDICAL EXAMINATION

Section				Abnormalities
Head	Cranial nerves, eyes, pupil size and reactivity, fundoscopic examination, visual acuity chart	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint (TMJ)	Normal	Abnormal	
	Brain Examination: (EEG) Test (Sanda Athletes only)	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, ribs, tenderness on compression	Normal	Abnormal	
Neurological System	Reflexes	Normal	Abnormal	
	Verbal responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
Cardiovascular System	Heart rate	Normal	Abnormal	
	Blood pressure	Normal	Abnormal	
	Cardiac examination: Electrocardiogram (ECG)	Normal	Abnormal	
Medication Usage	Name and dosage	Yes	No	



5. PHYSICIAN’S CERTIFICATION

6. NATIONAL FEDERATION CERTIFICATION

I hereby certify that the information provided above is true and correct.

National Federation		
Name of Representative		
Representative’s Title		
Signature:		Date:

