

LET'S JOIN THE FIGHT TOGETHER



KYOKUSHIN KARATE CHAMPIONSHIP 2019

Location: Vasario 16-osios g. 8, Garliava 53216as

Date: October 12, 2019

Start: 10 am

Entry fee: 17 EUR

Registration until October 7

Description:

This document must be signed by one of the parents (guardians) whose child is under 18 years old and wants to participate in Kaunas kyokushin karate championship 2019. By signing this document, participant's parents (guardians) take full responsibility for their underage child's participation in Kaunas kyokushin karate championship 2019. Parents (guardians) take full responsibility for their underage child's health. Every athlete participates in this competition at his own risk and responsibility, organisers are not responsible in any form for athlete's health and/or possible harm to it. Participants of the sport event must follow general procedure, act in a thoughtful and responsible manner, behave in a way that does not cause any harm to other people or themselves. Organisers are not responsible for participants' property, each person must protect his own property himself and never leave it unattended. Individuals who have suffered damage to their health or the property, whether caused by themselves or others during the event, must report claims directly to the person who caused the damage. Participants from other countries with foreign citizenship must have valid personal health insurance policy. By signing this consent, the person confirms that he is familiar with competition regulations. Moreover, the consent confirms that there are not and will not be any claims for organisers in the future. By signing the consent, the person agrees that videos and photos with his underage child which were made during Kaunas kyokushin karate championship 2019 would be used in popularizing kyokushin karate in Kaunas city. One of the parents (guardians) signature confirms his underage child's participation in the event. Please sign up below with your name, surname and date, including the name and date of birth of your underage child.

PARTICIPANT: (name, surname, date of birth)

PARTICIPANT'S REPRESENTATIVE: (one of the parents (guardians) name, surname, signature, date)

For questions, contact:

Tomas Zienius mob. +370671 31288

Linas Jonika mob. +370618 82448

tomas@kyokushinkaunas.lt