



**THE 14th Pan American Wushu Championships
& 2024 Pan American Wushu Open Tournament
August 29- September 2, 2024
Santa Clara, CA, USA**

WAIVER OF LIABILITIES

Federation:		(Photo)
Name of Participant:		
Name of Parent/Legal Guardian (if applicable):		
Date of Birth:		
Age:		
Nationality		
Gender		
Passport No.:		
Role of Participants: <input type="checkbox"/> Athlete <input type="checkbox"/> Team Manager <input type="checkbox"/> Coach <input type="checkbox"/> Doctor <input type="checkbox"/> Observer		

I, the undersigned, knowingly and without duress, do voluntarily submit my Entry to the 14th Pan American Wushu Championships (PAWC), and 2024 Pan American Wushu Open Tournament (PAWT). The PAWC is hosted by Pan American Wushu Federation (PAWF) and organized by United States of American Wushu-Kungfu Federation (USAWKF), with the Local Organizing Committee (LOC) group comprising World Taiji Science Federation (WTSF) and sponsored by KungfuDirect.com. The PAWT is Sanctioned by PAWF, and USAWKF, Hosted by WTSF, and sponsored by KungFuDirect.com (refer to organization committee). In consideration of the Pan American Wushu Federation and Organizing Committee accepting my application, I hereby assume all risk of physical and mental injuries, disabilities, and losses which may result from or in connection with my participation in the 14th PAWC. Acting for myself, heirs, personal officers, agents, representatives, and assignees, I do hereby release the Pan American Wushu Federation and Organizing Committee, its officers, agents, representatives, volunteers, judges, and referees, and other related members from all claims, actions, suits, and controversies at law or in equity by reason of any matter, cause, or thing whatsoever that I may sustain as a result of or in connection with my participation in the 14th PAWC, PAWT. I fully understand that all medical attention or treatment afforded to me by the Organizing Committee, its officers, medical personnel, representatives, volunteers, and all other related members will be of the first aid type only, and hereby release the Organizing Committee, its officers, representatives, volunteers, and all other related members from any liability for such aid. I understand it is my obligation to obtain my own medical coverage. I agree to abide by and follow the Rules established by the Organizing Committee. I agree that I will always conduct myself in a professional and courteous manner and to be subject to penalties and sanctions for violations related thereto. I understand that my protest must be conducted in accordance with the Rules of Arbitration. I agree that my performance, attendance, and participation at the 14th PAWC and PAWT may be filmed or otherwise recorded or released or telecast live. I consent to allow the Organizing Committee use of my name, address, voices, poses, pictures, and biographical data concerning full or parts, in any form or language, with or without other material, throughout the world, without limitation, for television, radio, video, theatrical medium picture, or any other medium by any devices now known or hereafter devised and I do hereby waive any compensation in regard thereof as well as any future rights to the aforementioned. I have read and fully understand the waiver listed above.

For athletes under the age of 18 - This waiver must be signed by their parent or legal guardian

Signature of Participant	Signature of Parent/Legal Guardian	Date

2024 PAWC "SANDA" CHAMPIONSHIPS
ELECTRO-ENCEPHOLOGRAPH (EEG) DECLARATION

Team or School : _____

Name of Participant: _____

Date of Birth: _____

Nationality: _____

Sex: _____ Weight Class: _____

Passport No. _____

I, _____ (PRINT FULL NAME), hereafter referred to as the PARTICIPANT, declare that I have not had an EEG test performed on the PARTICIPANT as required by the regulations. I fully declare that the PARTICIPANT currently has no brain injury or any related medical condition and that the PARTICIPANT has not been knocked out or concussed within the past 6 months. Taking into consideration the International Wushu Federation's requirements that all Sanda athletes present an EEG report, I take full responsibility for failure to do so and am personally responsible for any injury sustained by the PARTICIPANT during the course of the USAWKF International Sanda Championships and National Junior Sanda Team Trials. I hereby assume all risk of physical and mental injuries, disabilities, and losses (including death) which may result from my participation in the Competition Events hosted by the United States of America Wushu Kungfu Federation, Inc. (USAWKF) and organized by the World Taiji Science Federation (WTSF) and sponsored by KungFuDirect.com (KFD), hereafter collectively referred to as the "Organizing Committee." Acting for myself, heirs, personal officers, agents, representatives, and assignees, I do hereby release the Organizing Committee, its officers, agents, representatives, judges, referees, volunteers, and other related members from all claims, actions, suits, and controversies at law or in equity by reason of any matter, cause, or thing whatsoever that I may sustain as a result of or in connection with my participation in the Organizing Committee Events. I fully understand that all medical attention or treatment afforded to me by the Organizing Committee, its officers, representatives, volunteers, and all other related members will be of the first aid only, and hereby release them from any liability for such aid. I understand it is my duty to familiarize myself with all rules and regulations pertaining to the competition, and I agree to abide by them.

Signature: _____

Date: _____



"SANDA" MEDICAL CERTIFICATE (SAMPLE)

1. ATHLETE INFORMATION

Surname:		Photo
Given Name(s):		
Country:	Postal Code:	
Passport No.:		
Tel. No.:		Email:
Address:		
Discipline: <input type="checkbox"/> Sanda _____kg <input type="checkbox"/> Taolu		

2. QUESTIONS FOR ATHELETE (Attach relevant documents if you answered 'yes' to any of the following)

Is a doctor currently treating you?	
Have you ever been unconscious or had a concussion?	
Have you been hit hard in the head in the last 6 months?	
Have you had any headache in the last 2 weeks?	
Do you have any problems with bleeding?	
Do any diseases run in your family?	
Have you had any surgery?	
Have you ever had to stay in a hospital?	
Do you have any medical condition?	

3. MEDICAL DOCTOR INFORMATION

Surname:	Given Name(s):
Tel. No.:	Address:

4. MEDICAL EXAMINATION

Item		Normal	Abnormal	Abnormalities
Head	Cranial nerves, eyes, pupil size and reactivity. Fundi. Vision by chart.	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
	Brain Examination: electroencephalogram (EEG) Test	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib, tenderness on	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	
	Heart examination: electrocardiogram	Normal	Abnormal	
Medications Used	Name and dosage	Yes	No	



5. DOCTOR CONFIRMATION

I confirm that the Athlete is <input type="checkbox"/> fit/ <input type="checkbox"/> NOT fit to participate in the competition.	Signature: Place/Date:
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6. NATIONAL FEDERATION CONFIRMATION

I confirm that the above information provided is true and correct.

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