



# Just Kicks Tae Kwon Do Development Centre

## Just Kicks Open 2009 Indemnity Form

I, the applicant, or parent or legal guardian of the applicant, hereby acknowledge and declare for myself, my heirs, executors and legal Representatives that, in relation to

(STATE PLAYER/S FULL NAME/S): \_\_\_\_\_

(One form may be used for more than one player if the players concerned are juniors AND immediate family, otherwise separate forms are required)

1. I have been advised by the association and understand the risks of Hepatitis B and HIV infection and undertake that the above players will provide and use their own personal drink container and towel, each marked with their name.
2. I have the following condition I allergy which could affect medical assessment or treatment (specify which player the condition relates to)
3. The above player/s has/have not knowingly used and drugs or substances for the purpose of enhancing performance and I acknowledge that they may be tested at any time by the Australian Sports Drugs Agency (prohibited substances include anabolic steroids, beta-blockers, stimulants. Such as caffeine, narcotics/analgesics, such as codeine. pseudoephedrine found in medicine for colds and flu, and diuretics)—refer DRUGS HOTLINE: 1800 020 506.

I GIVE PERMISSION FOR DRUG TESTING TO BE UNDERTAKEN BY ASDA in relation to the above player/s in terms of recognized testing standards, should the above player/s be selected for testing.

4. In the event of any illness and/or accident. I hereby authorize and direct the association and/or its authorized representatives to seek and obtain all necessary medical and/or surgical treatment as may be required and I accept the responsibility for payment and/or reimbursement of all medical expenses incurred on my behalf by the association.

5. I undertake that I/the above player/s will observe all regulation and by-laws of the association and shall comply with all reasonable directions and decisions of its officials and instructors.

6. I hereby acknowledge that a condition of entry to the event is that I will indemnify and keep indemnified the association, its committees, trustees, servants, agents, instructors or members against any liability arising from my participation in the event or from any pre-event training and preparation or other activity related to the event and from travel to and from the event or activities.

7. I understand that the above player/s cannot compete if they have been concussed within 30 days prior to this competition and hereby confirm that they have not been so concussed. I also confirm that, in the event that a concussion has occurred prior to that, medical clearance for participation has been obtained.

8. I acknowledge that photographs may be taken during the competition by the organizers or other persons and that I may appear in those photographs. In the event that I appear in the photographs, I authorize Just Kicks TaeKwonDo Development Centre to use and authorize use of the photographs taken at this competition for promotional purposes, including publication on the association websites. I will make no claim against Just Kicks TaeKwonDo for any fee or royalty in relation to the use of the photographs.

9. I further declare that, should the above player's be selected for a team as a result of this event:

a) They will train at the standard expected by the appointed team officials and attend all meetings. training Sessions and appointments required as a team member as directed from time to time by any official of the Association.

b) Should they fail to meet any obligations as set out herein or fail to observe any regulation or by-law of the Association or fail to comply with any reasonable direction of any officer of the Association or shall, in the opinion of the Association. fail to satisfy any requirements or obligations of a team member, then and in the event I acknowledge that they may be dismissed from the Learn of the Association and I/they shall not make any claim or demand for any compensation, damages, and/or outgoings incurred by me or them.

10. Any expenses agreed to be paid on my/their behalf by the Association will be and are subject to my conduct. demeanor, performance and behavior being satisfactory in the opinion of the Association and I acknowledge that failure to fully and properly satisfy obligations hereunder may render me/them liable to refund to the Association part or all of such expenses.

I, \_\_\_\_\_ being the APPLICANT PARENT / LEGAL GUARDIAN OF THE APPLICANT, hereby acknowledge and declare that I have read and fully understand the terms and conditions set out in the application and consent to be bound by such conditions.

Signed \_\_\_\_\_ Applicant / Parent / Legal Guardian (Circle as appropriate)

**Failure to submit a signed copy of this form with application form will result in exclusion from this event.**