

NON-PREGNANCY DECLARATION
for FEMALE KICKBOXERS 14 year and older

Event: _____

Please read the below information carefully, complete the requested information, date and sign under your name. This form must be completed and returned to a Medical Control official when registering.

Name: _____ **N° ID:** _____

DOB: _____ **Country:** _____ **E mail address:** _____

Weight Class: _____ **kg** **Style:** _____

I declare that: I am not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the competition, I on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against Asian Kickboxing Confederation (including its officials and employees), the organizers of the competition (including the Organizing Committee and/or the Host Federation) and the Competition Venue owners for such injury or damage.

I officially declare that I am fully responsible for the statement given above.

Date (dd/mm/yy)

Kickboxer's Signature