

**WKFE WAIVER OF LIABILITY &
DATA PROTECTION CONSENT**

Federation: _____

Participant Information:

- **Name:** _____
- **Date of Birth:** _____
- **Nationality:** _____
- **Role:** ☐ Athlete ☐ Team Manager ☐ Coach ☐ Doctor ☐ Observer

1. Acknowledgment of Risk & Liability Waiver

I, the undersigned, voluntarily agree to participate in the **8th European Traditional Wushu/Kungfu Championships (ETWC)**, organized by **Wushu Kungfu Federation of Europe (WKFE)** and hosted by **Hellenic Wushu-KungFu Federation (HWKF)** (collectively referred to as the Organizing Committee).

In consideration of the WKFE 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 ETWC. Acting for myself, heirs, personal officers, agents, representatives and assignees, I do hereby release the WKFE 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 ETWC.

I fully understand that all medical attention or treatment afforded to me by the WKFE and 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 WKFE and 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 WKFE and 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 have read and understand the rules and regulations governing the Event, and I understand that the Event's rules and regulations are designed, in part, for the safety and protection of participants in the Event. I agree to abide by the Event's rules and regulations.

2. Consent for Personal Data Processing

As required by the General Data Protection Regulation (GDPR) (EU) 2016/679, I consent to the collection and processing of my personal data for the sole purpose of event participation, administration, and safety. I understand my rights under GDPR, including the right to access, rectify, or delete my personal data, withdraw consent at any time by contacting info@wkfe.org, and file a complaint with the relevant Data Protection Authority if I believe my rights have been violated.

3. Media & Promotional Consent

I consent to WKFE and HWKF using my name, image, and video recordings for event promotion, media broadcasts, and archival purposes.

4. Declaration & Signature

I have read and understood this waiver and data protection statement. I acknowledge the risks, agree to abide by event rules, and consent to the processing of my personal data as described.

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