



### Medical Questionnaire

This Medical Questionnaire must be completed, signed, and submitted to the proper ISKF authority each year by any ISKF member wishing to compete in a karate tournament, take a Dan Examination, or participate in any ISKF event requiring this form.

1. You must have had a complete physical examination by a physician or a health care facility dated no longer than two years prior to the event in which you are expecting to participate.
2. This Medical Questionnaire will be reviewed by the ISKF event committee and will be kept confidential. Contents may be reviewed by your instructor and the tournament medical staff.

**PLEASE PRINT OR TYPE**

	<i>Name Last</i>		<i>First</i>	
<i>Birthdate</i>	<i>Age</i>	<i>Gender</i>	<input type="checkbox"/> F <input type="checkbox"/> M	<i>Rank</i>
<i>Address</i>	<i>City</i>		<i>State</i>	<i>Zip</i>
<i>Instructor</i>	<i>Club</i>		<i>Region</i>	
<i>Family Doctor</i>	<i>Physician name</i>		<i>Physician phone</i>	
<i>Emergency Contact</i>	<i>Name</i>	<i>Phone</i>	<i>Relationship to Competitor</i>	

Do you have a history of any of the following conditions? Please check all that apply to you:

NO	YES		IF YES, PLEASE EXPLAIN BELOW
<input type="checkbox"/>	<input type="checkbox"/>	Allergy to medication(s)? List all.	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been told in the last two years that you could not participate in a sport? Explain why.	
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur	
<input type="checkbox"/>	<input type="checkbox"/>	Recent infection	
<input type="checkbox"/>	<input type="checkbox"/>	Bone fracture in past 6 months	
<input type="checkbox"/>	<input type="checkbox"/>	Concussion or severe head injury in past 6-12 months	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	Eye injury	
<input type="checkbox"/>	<input type="checkbox"/>	Severe bone bruises requiring padding	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney injury	
<input type="checkbox"/>	<input type="checkbox"/>	Positive test for HIV	
<input type="checkbox"/>	<input type="checkbox"/>	Positive test for Hepatitis C	
<input type="checkbox"/>	<input type="checkbox"/>	Other surgeries/hospitalizations in the past 6-12 months. Explain.	
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently taking any medications? List all.	

I attest that the above information is true and correct to the best of my knowledge. I further understand that this information is necessary to participate in ISKF events.

<i>Last complete physical exam</i>	<i>Date of exam</i>	<i>Name of Physician</i>	<i>Name of health care facility</i>
------------------------------------	---------------------	--------------------------	-------------------------------------

I give permission to the above-named physician and/or health care facility to release any and all information regarding my last complete physical exam to the ISKF National Committee for review, to medically qualify my participation in the karate competition on November 3-4, 2018.

**Signatures**

<i>Competitor</i>	<i>Date</i>
<i>Parent or Guardian if competitor is under 18 years of age</i>	<i>Date</i>
<i>Instructor</i>	<i>Date</i>
<i>Coach</i>	<i>Date</i>



**Waiver/Release Agreement**

Every competitor and dan examinee must complete, sign and submit this Waiver/Release Agreement.

*Event* 2018 International Shotokan Karate Federation National Karate Tournament, National Collegiate Tournament, National Youth Tournament and National Senior Tournament; Sheraton Sioux Falls & Convention Center and Arena, Sioux Falls, South Dakota; November 2, 3, 4, 2018.

I understand that there are risks and dangers inherent in participating and/or receiving instruction at the Dan & Judges exams, Clinics and the tournament (all of which will herein be referred to as the **EVENT**). I also understand that in order to participate and/or receive instruction at the **EVENT**, I must give up my rights to hold the Sheraton, Sioux Falls & Convention Center, Arena, the International Shotokan Karate Federation (ISKF), the ISKF North Central Region, the Sioux Falls Shotokan Karate Club and all other clubs, schools, instructors, members, judges, officials and representatives (collectively the "Releases") liable for any injury or damage which I may suffer while participating and/or receiving instruction at the **EVENT**.

Knowing this, and in consideration of being permitted to participate and/or receive instruction at the **EVENT**, I hereby voluntarily release the Releases, and each of them, from any and all liability resulting from or arising out of my participation and/or receipt of instruction at the **EVENT**.

I understand and agree that I am releasing not only the entities and individuals set forth in the paragraph above, but also the officers, agents, principals, partners, shareholders, directors and employees of those entities or individuals.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction at the **EVENT**.

I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction at the **EVENT**. I expressly acknowledge and assume any and all risks that my participation in the **EVENT** may subject me to personal injury or bodily harm.

I understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian ad litem for said children.

I understand and agree that by signing this Waiver/Release, I am agreeing to release, indemnify and hold the above-named individuals or entities and their officers, agents, principals, partners, shareholders, directors and employees harmless from any and all liability or costs, including attorney fees, associated with or arising from my participating and/or receipt of instruction at the **EVENT**. Any damage to the hotel or the tournament site that I cause are my full responsibility. Said damages are **NOT** the responsibility of the International Shotokan Karate Federation (ISKF), the ISKF North Central Region or the Sioux Falls Shotokan Karate Clubs.

I understand that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor, as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Waiver/Release agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction at the **EVENT**.

Print Name	Date
Sign Name	Witness

*Parent/Guardian Release*

I am the parent or legal guardian of the minor \_\_\_\_\_  
and am signing this Waiver/Release on behalf of said minor.

Print name of parent	Date
Signature of parent	