RING CONTACT FIGHTING ARTS

INDEMNITY

www.rcfa.co.za

ENTRY FEE PAID: _____ **WEIGHT CHECK:** _____

COMPETITION: _____

FIGHTER'S FULL NAME AND SURNAME: _____

IDENTITY /PASSPORT NUMBER/DATE OF BIRTH_____

AGE: _____EMAIL-ADDRESS: _____

MODES PARTICIPATING IN:

Semi Contact:		Full Contact:		Weapons:	
Sport Boxing	☐	**Sport Boxing**	☐	**Bo**	☐
High Kicks	☐	**High Kicks**	☐	**Nunchaku**	☐
Low Kicks	☐	**Low Kicks**	☐	**Baton**	☐
Close Combat	☐	**Close Combat**	☐	**African Stick Fighting**	☐
Supreme Fighting Artist	☐	**Supreme Fighting Artist**	☐	**Series**	☐
Series	☐	**Millennium**	☐	**Fitness Challenge**	☐

I, the undersigned, hereby declare and confirm as follows:

1. **Health and Fitness Declaration:** I affirm that I am in good physical condition and excellent health, and that I am medically fit to participate in the Ring Contact Fighting Arts ("RCFA") event. I have undergone a medical examination by a qualified medical practitioner who has certified me fit for participation in RCFA activities. I acknowledge that if I suffer from any injury or medical condition that may be aggravated by participation in RCFA, I am obliged to refrain from participating.
2. **Voluntary Participation and Assumption of Risk:** I understand and acknowledge that RCFA is a full-contact sport involving inherent risks of physical injury. I voluntarily elect to participate in the RCFA event and/or any of its divisions, fully aware of the potential dangers and risks associated with such participation. I confirm that I am not under the influence of any medication, narcotic, or substance that would impair my ability to safely engage in RCFA activities or that would otherwise contraindicate participation.
3. **Rules and Conduct:** I confirm that I have familiarised myself with the rules and regulations governing RCFA and undertake to comply with them fully during my participation.
4. **Waiver and Indemnity:** I irrevocably waive, release, and agree to indemnify and hold harmless RCFA, its management, organisers, coaches, officials, employees, volunteers, and all persons associated with RCFA from any and all claims, liabilities, losses, or damages of any kind, whether arising from negligence or otherwise, relating to any injury, loss, or damage to my person or property arising out of or in connection with my participation in any RCFA activity.
5. **Medical Consent and Financial Responsibility:** I consent to receive first aid and/or medical treatment from designated medical personnel or officials at the event should such treatment be deemed necessary. I accept full financial responsibility for any medical expenses incurred, including but not limited to hospitalisation, emergency care, or specialist treatment.
6. **Protection of Personal Information:** In accordance with Section 11(1)(a) of the Protection of Personal Information Act 4 of 2013 ("POPIA"), I consent to the collection, processing, and use of my personal information by RCFA for purposes including, but not limited to, event administration, marketing, and promotional activities. I further authorise RCFA to use and publish photographs, video footage, or electronic images of me taken during RCFA events for the aforementioned purposes.
7. **Minors:** Where the participant is a minor (under the age of 18 years), I confirm that the minor's parent(s) or legal guardian(s) have been duly informed of the minor's intended participation in RCFA activities and have granted their consent thereto, whether in person, telephonically, or electronically.
8. **Voluntary Execution:** I confirm that I have read and understood the contents of this indemnity and consent declaration. I acknowledge that I have not been coerced or unduly influenced to sign this document and that I do so freely and voluntarily.
9. **IN CASE OF EMERGENCY:** Contact person: _____ Relationship _____ Cell: _____

Signed at _____ this _____ day of _____ 20 _____

_____	_____	_____
Fighter Signature	Parent /Guardian Signature (if fighter U/18)	Instructor Signature
Cell: _____	Cell: _____	Cell: _____
_____	_____	_____
Witness	Witness	Club Name & Country

MEDICAL (MILLENNIUM, FULL CONTACT: SPORT BOXING/HIGH KICKS/LOW KICKS/CLOSE COMBAT/SUPREME FIGHTING ARTIST MUST BE DONE AT WEIGH-IN)

Weight _____ Pulse: _____ BP: _____ Lungs clear: _____

Remarks: _____

MAY / MAY NOT PARTICIPATE IN EVENT

_____	_____	_____
Physician/Paramedic/ Doctor Signature	HCPSA Nr	Full Name & Surname