

## **RING CONTACT FIGHTING ARTS**

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INDEMNITY <u>www.rcfa.co.za</u>

COMPETTION:  RICHTEY'S FULL NAME AND SURNAME:  IDENTITY /PASSPORT NUMBER/DATE OF BIRTH  AGE:  CELL:  EMAIL-ADDRESS:  MODES PARTICIPATING IN:  Semi Contact:  Sport Boxing  Sport Boxing  High Kicks Low Cose Combat Supreme Fighting Artist  Series  Millennium  Fitness Challenge  The series  Millennium  Fitness Challenge  Weapons:  Series  Millennium  Fitness Challenge  High Kicks Batton  African Stick Fighting  Series  Millennium  Fitness Challenge  Weapons:  Series  Millennium  Fitness Challenge  Health and Fitness Declaration: I differ that I am in good physical condition and oxedlent health, and that I am medically fit to participate in the Ring  RGFA activities. I acknowledge that If I suffer from any injury or medical condition that may be aggravated by participation in RGFA, I am obliged to refrom participation.  Voluntary Participation and Assumption of Risk: I understand and acknowledge that RGFA is a full contact sport involving inherent risks of physical voluntarians and the potential disagens and risks associated with such participation in RGFA, I am obliged to refrom participation.  Voluntary Participation and Assumption of Risk: I understand and acknowledge that RGFA is a full contact sport involving inherent risks of physical voluntarians and the potential disagens and risks associated with such participation in RGFA, I am obliged to refrom participation.  Voluntary Participation and Assumption of Risk: I understand and acknowledge that RGFA is a full contact sport involving inherent risks of physical voluntarians and regulations and the RGFA and understand with such participation in RGFA, I am obliged to refrom participation.  Notice to participate in the RGFA event and regulation of the RGFA and any participation in RGFA, activities or would otherwise contraindated and participation in RGFA activities or would otherwise contrained the participation in RGFA activities or would repair my ability to a repair principation in RGFA activities or	ENTRY FEE PAID:			WEIGHT CHECK:		
DENTITY /PASSPORT NUMBER/DATE OF BIRTH  AGE: CELL:  MEMAL: ADDRESS:  MODES PARTICIPATING IN:  Semi Contact: Full Contact: Weapons:  Sport Boxing Bo Nunchaku  High Kicks Low Kicks Low Kicks Boton  Close Combat Close Combat African Stick Fighting  Supreme Fighting Artist Supreme Fighting Fighting Artist Supreme Fighting Fighting Artist Supreme Fighting Artist Supreme Fighting Artist Supreme Fighting Artist Suprem	COMPETITION:					
DENTITY /PASSPORT NUMBER/DATE OF BIRTH  AGE: CELL:  MAIL-ADDRESS:  MODES PARTICIPATING IN:  Semi Contact: Full Contact: Weapons:  Sport Boxing Bo Nunchaku  High Kicks Low Kicks Low Kicks Nunchaku  Low Kicks Low Kicks Baton  Close Combat Supreme Fighting Artist Supreme F	FIGHTER'S FULL NAME AND SURNA	ME:				
MAIL-ADDRESS:  MODES PARTICIPATING IN: Semi Contact: Sport Boxing High Kicks High Kicks Low Low Kicks Low						
MOLES PARTICIPATING IN:  Semi Contact:  Sport Boxing  High Kicks  Low Kicks  Low Kicks  Low Kicks  Close Combat  Supreme Fighting Artist  Supreme						
MODES PARTICIPATING IN:  Semi Contact:  Full Contact:  Sport Boxing  Sport Boxing  High Kicks Supreme Fighting Artist Supreme Fi						
Semi Contact:						
Sport Boxing High Kicks			Full Combook		W/222222	
High Kicks Low Kicks Low Kicks Low Kicks Supreme Fighting Artist Series  Millennium Fitness Challenge  The undersigned, hereby declare and confirm as follows: Lead Hand 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 participa RCFA activities: Low Articipation and Assumption of Risk: Understand and acknowledge that RCFA is a full contact sport involving inherent risks of physical injudinarily 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 and Assumption of Risk: Understand and acknowledge that RCFA is a full contact sport involving inherent risks of physical injudinarily 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 in the RCFA activities or would otherwise contraindicate participation.  Rules and Conduct: I confirm that I have familiarised myself with the rules and regulations governing RCFA and undertake to comply with them fully divisions on property, whether caused by negligence or otherwise, which may occur during or as a result of my participation in RCFA activities.  Medical Consent and Financial Responsibility: I consent to receive first aid and/or medical treatment from designated midle personnel or efficials a 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.  Indemnity: I hereby indemnity and hold harmless RCFA, and an		¬ .		□ Po	weapons:	
Low Kicks Close Combat Supreme Fighting Artist Supreme	_		=	<del></del>	shaku	
Close Combat Supreme Fighting Artist  Series  Millennium  Fitness Challenge	_		=	<del></del>		
Supreme Fighting Artist  Series  Millennium  Fitness Challenge  the undersigned, hereby declare and confirm as follows:  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 Art's (PKCAF) event. I have undergone a medical examination by a qualified medical practitioner who has certified me fit for participat 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 refrom participating.  Voluntary Participation and Assumption of Risk: I understand and acknowledge that RCFA is a full-contact sport involving inherent risks of physical injudinarily 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 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 particip 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 would otherwise contraindicate participation.  Rules and Conduct: I confirm that I have familiarised myself with the rules and regulations governing RCFA and undertake to comply with them fully dimparticipation.  Walver of Uability: I hereby irrevocably walve, release, and discharge RCFA, its management, event organisers, trainers, coaches, of any other persons associated with the event from any and all claims, demands, actions, or causes of action arising out of any injury, loss, or damage to person or property, whether caused by negligence or otherwise, which may occur during or as a result of my participation in RCFA activities.  Medical Consent and Financial Responsibility: I consent to receive lists ad and/or medical treatment from designated medical persons in ordical persons in ordical persons in confidi	_			<b>├──</b>		
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 participate RCFA activities. I acknowledge that if it suffer from any injury or medical condition that may be aggravated by participation in RCFA, I am obliged to refr 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 inj 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 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.  3. Rules and Conduct: confirm that I have familiarised myself with the rules and regulations governing RCFA and undertake to comply with them fully dimy participation.  4. Walver of Liability: I hereby irrevocably waive, release, and discharge RCFA, its management, event organisers, trainers, coaches, officials, assistants, a any other persons associated with the event from any and all claims, demands, actions, or causes of action aristing out of any injury, loss, or damage to person or property, whether caused by negligence or otherwise, which may occur during or as a result of my participation in RCFA activities.  4. Medical Consent and Financial Responsibility: I consent to receive first aid and/or medical treatment from designated medical personnel or officials a 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.  5. Indemnity: I hereby indemni		_				
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 participal in 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 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 diny participation.  4. Walver of Liability: I hereby irrevocably waive, release, and discharge RCFA, its management, event organisers, trainers, coaches, officials, assistants, a any other persons associated with the event from any and all claims, demands, actions, or causes of action arising out of any injury, loss, or damage to person or property, whether caused by negligence or otherwise, which may occur during or as a result of my participation in RCFA activities.  5. Medical Consent and Financial Responsibility: I consent to receive first aid and/or medical treatment from designated medical personnel or officials a 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.  5. Indemnity: I hereby indemnify and hold harmless RCFA, and any person employed by or assisting RCFA from and against any liability, claim, loss, dama injury of any nature whatsoever, whether to my person or property, anising from or in connection with my participation in any RCFA activity.  7. Protection of Personal Information: in accordance with Section 11(1)(a) of the Protection of Personal Information Act of 2013 ("POPIA"), I consent to 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 e	, the undersigned, hereby declare and L. Health and Fitness Declaration: I a Contact Fighting Arts ("RCFA") even RCFA activities. I acknowledge that from participating.	confirm as follo ffirm that I am nt. I have unde if I suffer from	ows: in good physical condition an rgone a medical examination a any injury or medical condition	d excellent health, and by a qualified medical point that may be aggravation	that I am medically fit to practitioner who has certified by participation in RC	ied me fit for participation FA, I am obliged to refrain
Parent /Guardian Signature (if fighter U/18) Instructor Signature Cell:	I confirm that I am not under the in would otherwise contraindicate pate.  Rules and Conduct: I confirm that I my participation.  Waiver of Liability: I hereby irrevolution any other persons associated with person or property, whether cause Medical Consent and Financial Resevent should such treatment be de hospitalisation, emergency care, or Indemnity: I hereby indemnify and injury of any nature whatsoever, we Protection of Personal Information collection, processing, and use of any promotional activities. I further authaforementioned purposes.  Minors: Where the participant is a the minor's intended participation. Voluntary Execution: I confirm that coerced or unduly influenced to significant.	Ifluence of any rticipation. have familiaris cably waive, re the event from d by negligence sponsibility: I cemed necessal specialist trea hold harmles hether to my pars In accordance ny personal infichorise RCFA to minor (under tin RCFA activitit I have read aun this docume	remedication, narcotic, or substance myself with the rules and lease, and discharge RCFA, its nary and all claims, demands, e or otherwise, which may occonsent to receive first aid and ry. I accept full financial respontment.  RCFA, and any person employers on or property, arising from the with Section 11(1)(a) of the ormation by RCFA for purpose to use and publish photographs the age of 18 years), I confirm its and have granted their corn dunderstood the contents on thand that I do so freely and	regulations governing R management, event or actions, or causes of actur during or as a result for medical treatment finsibility for any medical yed by or assisting RCFA m or in connection with Protection of Personal I es including, but not limits, video footage, or election that the minor's parent issent thereto, whether if this indemnity and corvoluntarily.	cmy ability to safely engal CFA and undertake to conganisers, trainers, coache tion arising out of any injustion of my participation in RC from designated medical expenses incurred, inclustic from and against any lial my participation in any R formation Act 4 of 2013 ted to, event administration in angles of me taker (s) or legal guardian(s) han person, telephonically, isent declaration. I acknowless	ge in RCFA activities or the mply with them fully during so, officials, assistants, and ury, loss, or damage to mean factivities. The personnel or officials at the ding but not limited to billity, claim, loss, damage activity. The personnel or officials at the ding but not limited to billity, claim, loss, damage activity. The personnel of the p
Parent /Guardian Signature (if fighter U/18) Instructor Signature Cell:						
Cell: Cel	igned at		this	day of		20
MEDICAL (MILLENNIUM, FULL CONTACT: SPORT BOXING/HIGH KICKS/LOW KICKS/CLOSE COMBAT/SUPREME FIGHTING ARTIST  MUST BE DONE AT WEIGH-IN)  Neight Pulse: BP: Lungs clear:						
MUST BE DONE AT WEIGH-IN)  Weight Pulse: BP: Lungs clear:  Remarks:	Witness		Witness		Club Name & Coun	try
Weight Pulse: BP: Lungs clear:	MEDICAL (MILLENNIUM, FL	ILL CONTACT			SE COMBAT/SUPREMI	E FIGHTING ARTIST
Remarks:	Weight	Pulse:			Lungs clear:	
ACTITION NO.	Pomarke:					
MAY / MAY NOT PARTICIPATE IN EVENT	icinal v3.		ΜΔΥ / ΜΔΥ ΝΩΤ ΒΛΡΤ	ICIPATE IN EVENT		
	Physician/Paramedic/ Doctor Signa	ture	HCPSA Nr	Full Name & Sur	name	