



2026 AAITF Open National Championships Perth, Western Australia



MEDICAL FORM

MEDICAL INFORMATION & AUTHORISATION FOR EMERGENCY TREATMENT AND CONDITIONS OF UNDERTAKING ACTIVITY

SECTION ONE: Participant's Personal Details (All information is held in confidence)

First Name:	Surname:
Address:	
Town/City:	Post Code: State:
Date of Birth:	
e-mail:	
Home Phone:	Work Phone:
Mobile Phone:	
Name of Emergency Contact:	Relationship to You:
Home Phone:	Work/Mobile Phone:
Name Family Doctor:	Phone:
Are you an International Competitor? (Yes or No):	
Medicare Number:	
Other Health Care (Please specify):	Blood Group (if known):

SECTION TWO: Participant's Medical History

Please indicate if you have suffered or suffer from any of the following conditions:

- | | | |
|--|--|--|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Dizzy Spells or Blackouts | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Travel Sickness |
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Asthma | <input type="checkbox"/> Haemophilia |
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other: |

Please specify any Known Allergies (eg. penicillin, other drugs, foods, plants, animals). Also give details describing seriousness, nature of reaction and necessary treatment:
Are you able to receive Blood Transfusions ? (Yes or No):
Which year did you have your last Tetanus Immunisation or booster?
Please specify Medication that you may be taking during the activity (Indicate name and dose of medication):
Have you suffered any recent Illness or Injuries ? (If Yes, please provide details):

SECTION THREE: Conditions of Undertaking Activity

Release The undersigned, in consideration of being permitted by the AAITF Inc, Inspirit Taekwon-Do Academy and Oceanic Taekwon-Do Academy to compete in the competition DOES HEREBY irrevocably, personally and for his or her heirs, RELEASE AAITF Inc, Inspirit Taekwon-Do Academy, Oceanic Taekwon-Do Academy, Linda Low and Jason Bradley from all actions, suits, causes of action, claims and demands whatsoever which the undersigned now has or at any time hereafter may have or which but for the signing of this form might have had against AAITF Inc, Inspirit Taekwon-Do Academy, Oceanic Taekwon-Do Academy, Linda Low and Jason Bradley for loss of or damage to property or bodily injury or death, howsoever caused, including negligence, resulting from or arising out of or in any way connected with the trip.

Assumption of Risk The undersigned further states and affirms that he or she is aware that the activity, even under the safest conditions possible, may be hazardous; that he or she has received an activity program outlining planned activities and is aware of potential risks; and that he or she assumes the risk of any and all loss of or damage to property and/or bodily injury or death, howsoever



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caused, including negligence, resulting from, arising out of or in any way connected with the trip, and that he or she has read and understands all the provisions herein contained.

Indemnity The undersigned hereby agrees to indemnify and keep indemnified AAITF Inc, Inspirit Taekwon-Do Academy, Oceanic Taekwon-Do Academy, Linda Low, Jason Bradley their members, representatives, officers, agents, and employees and each of them against any claim, suit, action or demand brought against them or each of them by any person for loss of or damage to property or bodily injury or death caused by any act or omission of the undersigned (including criminal, reckless or negligent acts or omissions) whilst participating in or otherwise in connection with the trip.

Competitor Responsibility The undersigned agrees as a representative of ITF to act in an appropriate manner as well as respecting and following all instructions from officials and relevant authorities.

Participant Authorisation for Emergency Treatment

In the event of myself requiring medical attention (or my son or daughter if they are under 18 years of age), I understand that the person in charge of the activity will endeavour to communicate with me concerning the required action. If this is not possible, the person in charge will administer or seek whatever treatment he/she judges to be reasonably necessary.

Participant's Signature:	Date:
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* Where the Participant is under 18 years of age, his/her Parent or Guardian must complete the following acknowledgement:

I HEREBY STATE that I have read and understood the provisions of this form and I consent to the participant undertaking the activity/participating in the trip on the terms herein contained. I agree to indemnify and keep indemnified AAITF Inc, Inspirit Taekwon-Do Academy, Oceanic Taekwon-Do Academy, Linda Low, Jason Bradley their members, representatives, officers, agents and employees against any claim suit or demand brought against them or each of them by any person for loss of or damage to property or bodily injury or death caused by any act or omission of the participant (including criminal, reckless or negligent acts or omissions) whilst undertaking the activity /participating in the trip*.

Parent/Guardian's Name:
Parent/Guardian's Signature: Date: