

# WOMEN EMPOWERMENT KICKBOXING TOURNAMENT

INTERNATIONAL WOMEN'S DAY 2019

( Girls / Women's ) in Low Kick

Date: 8th March 2019 At: Khudiram Anushilan Kendra / Mohor Kunja Kolkata, West Bengal

Organized By: Kickboxing Association of West Bengal

Recognized by: Bengal Olympic Association



## Waiver of Liabilities

(Fill in CAPITAL LETTERS)

1) District / Unit: \_\_\_\_\_

2) Participant Name: \_\_\_\_\_

3) DOB: \_\_\_\_\_ Age: \_\_\_\_\_

4) Weight: \_\_\_\_\_ Kg: \_\_\_\_\_ Events: \_\_\_\_\_

5) I am (tick mark in appropriate box):

I) Player

II) Team Manager

III) Coach

IV) Referee / Judge

Affix your  
photography

I \_\_\_\_\_ the undersigned knowingly and without compulsion / duress do voluntarily submit my entry to compete / participate in Girls / Women from Women Empowerment Kickboxing Tournament 2019 at Khudiram Anushilan Kendra / Mohor Kunja Kolkata, West Bengal, subject to the acceptance of my participation by the organization committee. I hereby assume all risks of physical and mental injuries disabilities and losses which may result from or in connection to my participation and I will neither hold responsible organizers nor my Home Association/Unit for the same. I agree to abide by the Rules and Regulations of the Organizing Committee of Women Empowerment Kickboxing Tournament 2019. The Association understand that in the event of any protest, it must be conducted in accordance with the Rules and Regulations. I have read and fully understood the waiver listed above and the bio data given by me is true to the best of my knowledge.

Recommended by  
President/Secretary District / Unit Asso.:

Signature of the Participant

## MEDICAL CERTIFICATE

I, the undersigned, hereby certify that ..... has undergone medical examination under my observation and he/she is physically fit for the Participate in this Tournament / Championship

Fitness Recommended by  
Licensed Doctor with sign & seal

Date: \_\_\_\_\_

**Kickboxing Association of West Bengal,**

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