第8回世界カンフ一選手権大会 参加申込書 <返送期限:4月1日(月)所属都道府県連盟必着、

4月8日(月)日本連盟必着>

※下記の空標	闌にすく	べてご記			······································	······································	····•	申込日:	2019年		月 日
フリガナ											
所属団体名									印	身長	cm
引率責任者	氏名										
所属都道府	県連盟	名									即
フリガナ						性別					□ 既婚
参加者氏名						口り口が	3			婚姻	□未婚
ローマ字名	パスポ 姓	ートと同じ	名前を、ロー	-マ字で記 <i>)</i> 名 /	して下さい		生年 月日	昭・平 <u> </u> 月		西暦	<u></u> 年) <u>才</u>
フリガナ											
現住所	₹										
	電話:	:			F A X :			携帯	:		
現住所連絡先	E Y—	ル:		Į.				1			
国 籍							出生地				
#1 35 4	名	称									
勤務先	所在	地									
(学校名)	電話者	番号					FAX				
	氏	名									
渡航中の	住	所						—— 続柄			
連絡先	電話者	番号			FAX			496117			
現在有効なが	L 依券を		旅券番号	・(パス	.ポートNo.	.)	発行4	 年月日	有效	助期間	満了日
□所持〕	していな	?V \					年	月 日	年		月 日
渡航に必要な	な旅券=	=2019年	12月14日	日以降まで	で有効 な/	パスポー	- ト(残存	有効期間=現	地入国時	から6	ヶ月以上)
パスポートを申請中の場合:受領予定日 月 日											
出場種目				定・伝統を明記				本種目 毎日経日			
	徒手種目			器械種目			対練種目		集団種目		
宿泊部屋	※1. か2. に〇印を付けてください。 1. シングル 2. ダブル(同室者名:)										
渡航申請 ※いずれかに○印を付けてください。1. 日本連盟指定業者手配 2. その他 ※特に事情のある場合											
※本申込書のほかに必要な書類等で、以下の該当する項目に☑を入れてください。											
\square カラー写真のデータは日本連盟メールアドレスに送付済み($jwtf@jwtf.or.jp$)											
□カラー写真を同封して送付(2枚)											

 \square パスポートのデータは日本連盟メールアドレスに送付済み (jwtf@jwtf.or.jp)

□パスポートの写し(カラーコピー)を同封して送付(1枚)

□責任宣誓書 (Waiver of Liability) の原本 (写真貼付済み) を同封

APPENDIX 1

Wavier of Liabilities

Federation:	JAPAN WUSHU TAIJIQUAN FEDERATION			
Name of Participant:				
Name of Parent/ Legal Guardian(if applicable):				
Date of Birth:		Photo		
Age:		Passport		
Nationality:		Size		
Gender:				
Passport No.:		ii		
Role of Participants: \square Athlet	e 🗌 Team Manager			
\square Coach \square Doctor \square Observe				

I, the undersigned, knowingly and without duress, do voluntarily submit my Entry to the 8th World Kungfu Championships (WKFC). The 8th World Kungfu Championships is hosted by International Wushu Federation (IWUF) and organized by Chinese Wushu Association and City of Emeishan, hereafter Chinese Wushu Association and City of Emeishan collectively refers as "Organizing Committee". In consideration of the IWUF and Organizing Committee accepting my application, I hereby assume all risk of physical and mental injuries, disabilities and losses which may result from or in connection with my participation in the 8thWKFC. Acting for myself, heirs, personal officers, agents, representatives and assignees, I do hereby release the IWUF and Organizing Committee, its officers, agents, representatives, volunteers, judges and referees and other related members from all claims, actions, suits, and controversies at law or in equity by reason of any matter, cause or thing whatsoever that I may sustain as a result of or in connection with my participation in the 8thWKFC. I fully understand that all medical attention or treatment afforded to me by the IWUF and Organizing Committee, its officers, medical personnel, representatives, volunteers, and all other related members will be of the first aid type only, and hereby release the IWUF and Organizing Committee its officers, representatives, volunteers, and all other related members from any liability for such aid. I understand it is my obligation to obtain my own medical coverage.

I agree to abide by and follow the Rules established by the IWUF and Organizing Committee. I agree that I will conduct myself in a professional and courteous manner at all times and to be subject to penalties and sanctions for violations related thereto. I understand that my protest must be conducted in accordance with the Rules of Arbitration. I agree that my performance, attendance, and participation at the 8th WKFC may be filmed or otherwise recorded or released or telecast live. I consent to allow the IWUF and Organizing Committee use of my name, address, voices, poses, pictures and biographical data concerning full or parts, in any form or language, with or without other material, throughout the world, without limitation, for television, radio, video, theatrical medium picture, or any other medium by any devices now known or hereafter devised and I do hereby waive any compensation in regard thereof as well as any future rights to the aforementioned.

I have read and fully understand the waiver listed above.

Signature of Participant	Signature of Parent/ Legal Guardian	Date		

記入例

APPENDIX 1

Wavier of Liabilities

Federation:	JAPAN WUSHU TAIJIQUAN FEDERATION			
Name of Participant:	NIPPON HANAKO (参加者)	の名前)		
Name of Parent/ Legal Guardian(if applicable):				
Date of Birth:	31/5/1970(※日/月/年	Fで誕生日を)		
Age:	49 (大会初日時の年齢)	Passport		
Nationality:	JAPANESE (国籍)	Size		
Gender:	F (※女性がF、男性がM)			
Passport No.:	MH1234567 (※パス	ポート番号)		
Role of Participants: 🗆 Athlete 🗆 Team Manager Athlete (選手) もしくは				
□ Coach □ Doctor □ Observer Observer (同行者) のみ選択して				

I, the undersigned, knowingly and without duress, do voluntarily submit my Entry to the 8th World Kungfu Championships (WKFC). The 8th World Kungfu Championships is hosted by International Wushu Federation (IWUF) and organized by Chinese Wushu Association and City of Emeishan, hereafter Chinese Wushu Association and City of Emeishan collectively refers as "Organizing Committee". In consideration of the IWUF and Organizing Committee accepting my application, I hereby assume all risk of physical and mental injuries, disabilities and losses which may result from or in connection with my participation in the 8thWKFC. Acting for myself, heirs, personal officers, agents, representatives and assignees, I do hereby release the IWUF and Organizing Committee, its officers, agents, representatives, volunteers, judges and referees and other related members from all claims, actions, suits, and controversies at law or in equity by reason of any matter, cause or thing whatsoever that I may sustain as a result of or in connection with my participation in the 8thWKFC. I fully understand that all medical attention or treatment afforded to me by the IWUF and Organizing Committee, its officers, medical personnel, representatives, volunteers, and all other related members will be of the first aid type only, and hereby release the IWUF and Organizing Committee its officers, representatives, volunteers, and all other related members from any liability for such aid. I understand it is my obligation to obtain my own medical coverage.

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I have read and fully understand the waiver listed above.

Signature of Participant	Signature of Parent/ Legal Guardian	Date		
参加者のサイン	保護者のサイン	サインした日付		