ACCADEMIA KODOKAN ALESSANDRIA
Scuola Superiore di Arti Sportive Orientali
STELLA C.O.N.I. AL MERITO SPORTIVO

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LIABILITY WAIVER AND DECLARATION FORM

17th International Kendo Trophy "City of Alessandria" | 15–16 November 2025

Participant Information

- **Full Name:** .....
- **Date of Birth:** .....
- **Nationality:** .....
- **Club / Federation:** .....
- **Category:** ☐ Junior ☐ Kyu ☐ Dan ☐ Ladies ☐ Team

Declaration of Responsibility

I, the undersigned, hereby declare under my own responsibility that:

1. I am in good physical and mental health and fully capable of participating in the 17th International Kendo Trophy "City of Alessandria", taking place on **15–16 November 2025**.
2. I have read, understood, and accepted the **competition rules and format based on the official EKF (European Kendo Federation) regulations**, including the match duration as follows:
   - **Junior Category:** 3 minutes for pool and knock-out matches, 4 minutes for semi-finals and finals.
   - **All other Categories (Kyu, Dan, Ladies, and Team):** 4 minutes for pool and knock-out matches, 5 minutes for semi-finals and finals.
3. I release and discharge the **Accademia Kodokan Alessandria A.S.D.**, and all referees, staff, and volunteers from any and all responsibility, claims, or liability for injury, loss, or damage of any kind that may occur during or as a result of my participation in the event.
4. I agree to comply with all safety rules, instructions, and referee decisions during the event.
5. I consent to the use of photos or videos taken during the competition for documentation and promotional purposes of the event, without financial compensation.

Place and Date: .....

Participant's Signature: .....

Parent/Guardian Signature: .....

(If under 18 years old)