



## WAKO Switzerland

Schweizerischer Kickboxverband  
Fédération Suisse de Kickboxing  
Federazione Svizzera di Kickboxing  
Swiss Kickboxing Federation



### The preconditions for participation at the ring sport disciplines: Declaration on insurance / health / doping / Medical authorisation to fight

**Please hand in at the ring. Without this signed declaration it is not allowed to fight.**

All fighters must be insured against the consequences of a sports accident. The responsibility for sufficient insurance coverage (SUVA, accident insurance) is the sole responsibility of the fighters. The federation WAKO SWITZERLAND as well as the tournament organizers do not assume any liability in case of accidents.

Full contact competitions are considered so-called risk sports according to Art. 39 UVG (Federal Law on Accident Insurance). According to Art. 50 UVV (Ordinance on Accident Insurance), insurance companies may limit benefits in the case of non-occupational accidents.

Fighters who are not able to perform the required sport-specific services without risk to their health are not allowed to participate in the full contact disciplines of WAKO SWITZERLAND. Participation in the ring sports disciplines is voluntary and at one's own risk.

Any use of drugs or other prohibited substances, which are listed on the doping list ([www.sportintegrity.ch/anti-doping](http://www.sportintegrity.ch/anti-doping)), represent a serious health risk to the fighters and are prohibited. The provisions of the doping status of Swiss Olympic apply in principle to all Swiss sportsmen and women who belong to a Swiss Olympic affiliated federation or to a club or association affiliated to the latter, who are licensed by one of these groupings or who participate in competitions which have a connection to such a grouping.

With my signature I confirm, as a condition of participation, that I am aware of and agree to the above-mentioned statements regarding insurance, the Swiss Olympic Doping Statute and the Swiss Olympic Disciplinary Commission. I recognize the ethics statute of Swiss Olympic and thereby commit myself to a healthy, respectful, fair and successful sport. I hereby confirm that I am fit to participate in WAKO Ringsport fights. I take full responsibility for my health and regular medical examinations.

**Please fill in all fields:**

Date Tournament & Tournament Name:
Club:
First name, last name:
Address, number:
Zip code, residence:
Date of birth:
Phone number:
E-Mail:
Signature fighter or legal representative: