CHIDAOBA

Participant waiver and release

For participants aged 18 and over.

Camp

Dates

1 Participant

Full name

Date of birth

Nationality

Passport or ID number

Phone

Email

Emergency contact: name, relationship, phone

2 Health

I confirm that I am in good health and physically fit to take part in intensive training. I have told CHIDAOBA about any medical condition, injury, allergy or medication that could affect my training or my safety, listed below.

Medical conditions and past injuries

Allergies

Medication I take

Dietary needs

3 Risks of training

Brazilian jiu-jitsu, grappling, wrestling and judo are full-contact sports. Training includes throws, takedowns, joint locks and chokes. Injuries can happen even when everyone follows the rules: bruises, sprains, dislocations, fractures, concussion, skin infections and, in rare cases, serious or permanent injury.

The camp takes place in the mountains, far from large hospitals. Activities outside training, such as hiking, travel and sightseeing, carry their own risks, including weather and road conditions.

4 My responsibility

- I take part of my own free will and I accept the risks described above.
- I will follow the instructions of the coaches and staff, train at a level that is safe for me and my partners, and tap or stop when needed.
- I will stop training and tell a coach if I feel unwell or am injured.
- I will not train under the influence of alcohol or drugs.
- I will keep good hygiene: clean training clothes, short nails, and no training with skin infections or open wounds.
- I am responsible for my own travel and medical insurance. CHIDAOBA strongly recommends insurance that covers sports injuries.
- CHIDAOBA is not responsible for loss of or damage to my personal belongings.

5 Release of liability

To the extent permitted by the law of Georgia, I release CHIDAOBA, its organisers, coaches, staff and partner venues from any claim for injury, illness, loss or damage arising from my participation in the camp, its training and its activities. This release does not cover harm caused intentionally or through gross negligence.

6 Medical treatment

If I am injured or fall ill, I allow CHIDAOBA staff to give first aid, call emergency services and arrange transport to a doctor or hospital. Any medical costs are my responsibility or that of my insurance.

7 Photos and video

Photos and video are taken during the camp for the CHIDAOBA website and social media.

☐ I agree to appear in them ☐ I do not agree

8 Declaration

I am 18 or older. I have read and understood this waiver, I have had the chance to ask questions, and I sign it voluntarily.

Signature _____ Full name _____

Passport or ID number _____ Date _____

Place _____

Please print, sign and bring this form to the camp, or send a signed copy before you arrive.

CHIDAOBA · chidaoba.com · chidaobaculture@gmail.com · +995 595 606 670