

In consideration of, and as a condition of, the acceptance of my application for the MKA/VKKA Senior Branch Camp 2025 (October 17-19)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do hereby waive all and any claim, right or cause of action which I might otherwise have for, or arising out of loss or injury, damage of any description whatsoever which I may suffer or sustain in the course of, or as a consequence of, my participation in this training camp. This waiver, release and discharge shall be and operate separately in favour of all persons, corporations, associations, incorporated associations and bodies involved in promoting or staging this event and the servants, agents, representatives, officials, and helpers of them.

I also acknowledge that I am fully aware of the risk of injury involved in this training camp.

My date of birth is / /

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant

Witness to signature

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Sign Print Name