

## DECLARATION OF CONSENT AND DATA PROTECTION

10<sup>th</sup> ITF TAEKWON-DO WORLD CUP – 28<sup>th</sup> OF SEPTEMBER – 3<sup>rd</sup> OF OCTOBER 2026 - IN BENIDORM, SPAIN

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

Living in, \_\_\_\_\_  
wish to confirm the following declarations to confirm my eligibility to travel and participate at an ITF International Competition.

1. **General Health:** I declare that I am in good health and free from any infectious diseases.
2. **Declaration of Fitness to Participate:** I have an ITF Approved Competition Medical Certificate signed by a qualified medical professional.  
*The Medical Fitness Certificate does not need to be presented at any time before, during, or after the tournament.*
3. **Medical Provision:** I can confirm that I have sufficient accident and health insurance to cover all costs, even for martial arts events, regardless of whether at home or abroad.
4. **Organisational Liability:** I further declare my unrestricted agreement to participate in the above event as a competitor. I acknowledge that the organizer and the host do not assume any liability for personal injury, property damage and/or material damage of any kind.
5. **Visual Media:** I also agree that all photos and videos taken during this championship may be used by the ITF, as well as from countries participating in the championships, for the purpose of reproduction on their websites or social media, as well as for distribution to the press for publication.

### Note on data processing:

I am aware that in order for the tournament to take place, personal data must be passed on to Sportdata Event Technology, where it must be stored, archived and published on the Internet.

### Declaration on data protection:

I agree without restriction that my first and last name, my date of birth, my passport photo, my gender, my Taekwon-Do graduation and my weight may be transmitted to Sportdata Event Technology (<https://www.sportdata.org>) and stored, published and later archived for the purpose of the above event.

I also agree without restriction that all entry lists, competition lists and result lists of the above mentioned event on which my name (first and last name) is written, will be published on the website of Sportdata Event Technology (<https://www.sportdata.org>) and the ITF website (<https://itfkd.sport/>).

### Declaration and undertaking on avoiding any Political Statements and Actions

I undertake that I will distance myself in all respects from any political statements or actions.

For the purpose of this undertaking, I confirm my understanding and acknowledgement that the term "Political Statements or Actions" mean:

Any statement or action during the days of the WC, starting from the moment of my arrival to the country where the competition will take place and until my departure from the same country, either inside or outside the site of the competition, at the hotels, any public areas as well as in the transportation, airports etc. This also includes refraining from making any public statements or engaging or publishing on social media or on any other channel exposed to the public.

I acknowledge my understanding that the above declaration of mine and my abiding by these declarations is a pre-condition to my inclusion to the WC event and that in case of non-compliance may lead to the initiation of disciplinary procedures that might result in my immediate expulsion from the competition without derogating from any other disciplinary proceedings that the ITF may take against me.

\_\_\_\_\_

Place

Date

Signature

### For minors additionally required:

As the legal guardian of the above minor, I confirm that I have read the declaration and declare my unrestricted agreement with it.

\_\_\_\_\_

Name/s of parent/s or guardian/s

\_\_\_\_\_

Signature/s of parent/s or guardian/s

*NOTE: This declaration of consent and data protection is mandatory for each participant.  
To be handed in at the verification and weigh-in for the competition described above.*

Form A.

Medical Fitness Certificate



PERSONAL DATA

Surname(s)	Name	ITF ID

MEDICAL TESTS PERFORMED (mark the tests performed)

- Cardio-respiratory examination.
- Musculoskeletal examination.
- Electrocardiogram (mandatory if 16 years and older).
- Stress test (mandatory if 36 years and older).

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I CERTIFY THAT THE ABOVE PERSON – AS OF DATE – **DOES NOT PRESENT CONTRAINDICATIONS TO CARRY OUT PHYSICAL AND SPORTS ACTIVITY AT A COMPETITIVE AND/OR HIGH PERFORMANCE LEVEL** ACCORDING TO THEIR AGE, **BEING IN SUITABLE HEALTH CONDITIONS TO PRACTICE AND TO COMPETE IN TAEKWON-DO.**

This certificate is valid until (one year max.):

\_\_\_\_\_ Date (dd/mm/yyyy)

/ /  
ISSUE DATE

Signature and stamp of qualified Medical Doctor of  
the same country of residence of the Athlete.

Note: The Medical & Anti-Doping Committee would appreciate it if this form were presented to them.

Form B

Medical Background



INTERNATIONAL  
TAEKWON-DO  
FEDERATION

PERSONAL DATA

Surname(s)	Name	
Nationality	Age	ITF ID

MEDICAL TESTS PERFORMED (mark the tests performed)

- Cardio-respiratory examination.
- Musculoskeletal examination.
- Electrocardiogram (mandatory if 16 years and older).
- Stress test (mandatory if 36 years and older).

PERSONAL BACKGROUND

Cardiovascular: .....

Respiratory: .....

Neurological: .....

Musculoskeletal: .....

Ophthalmological: .....

Allergies: .....

Surgeries: .....

Hypertension     Diabetes     Asthma     Seizures     Concussion

Medication: .....

/ /

ISSUE DATE

.....

Signature of athlete, or guardian if under 18 years of age.

**This form must be kept in your possession, and should only be given to medical personnel.**