## **KFHKCL Athlete Evaluation Consent Form**



		rm my understanding and agreeme			
		tion of Hong Kong, China Limited (			
		assification Panel. By signing this fo			
Ш		<b>Evaluation:</b> I understand that Athlete Evaluation may require me to engage in sport-like ctivities, which may include being observed while competing. I am aware of the potential risk			
		firm that I am healthy enough to			
	complete the classification process due to pain, injury, or other reasons, I acknowledge that my classification				
_	may remain incomplete.				
	Compliance with Requests: I agree to comply with all requests made by the KFHKCL Classification Panel				
	including the provision of sufficient documentation to determine my eligibility for Para-Karate. I understand that failure to comply may result in suspension of Athlete Evaluation, and no Sport Class will be allocated to me.				
_					
		sty: I will give my best effort during			
		misrepresentation of my skills, abilities, or degree of impairment may result in disciplinary action in accordance with the IPC Intentional Misrepresentation Rules.			
	<b>Acceptance of Judgment:</b> I understand that Athlete Evaluation is a judgment-based process, and I agree to				
abide by the decisions of the Classification Panel. If I disagree with the decision, I will follow					
		and/or Appeal procedures outlined in WKF Classification Regulations.			
	<b>Recording During Evaluation:</b> I consent to being videotaped and photographed during the Athlete				
ш	Evaluation process, which may include activities on and off the field of play during competitions.				
	<b>Personal Data:</b> I agree to KFHKCL processing my personal data, including but not limited to my full name,				
_	country, date of birth, sport, Sport Class, Sport Class Status, and relevant medical information. My data will				
	be securely stored and may be shared with third parties such as competition organizers.				
	<b>Publication:</b> I consent to the publication of my name, country, Sport Class, and Sport Class Status by				
_	KFHKCL.	neone to the publication of my ne	arrio, ocarray, operi ora	oo, and open older older by	
Health Conditions: If the Classification Panel identifies a potential health condition de				ndition during Athlete Evaluation	
_	I consent to WKF sharing my personal data with its Medical Committee to assess and manage any				
	associated risks.				
	Use for Development: I wish to assist KFHKCL in developing its Classification system. I allow my personal				
	data, including video material recorded during training and competitions, to be used for research and				
	educational purposes, provided that it is anonymized prior to publication. I understand that this consent is				
	optional and may be withdrawn at any time.				
	I release KFHKCL, its officers, employees, volunteers, and agents from any liability for loss, injury, or damage				
	incurred during Athlete Evaluation, except where prohibited by law.				
	I understand my rights to access and correct the personal data KFHKCL holds about me. I acknowledge that				
	my eligibility to participate in Para-Karate is contingent on my voluntary participation in Athlete Evaluation and				
_	consent to data processing. Withdrawal of consent may result in ineligibility to participate in Para-Karate.				
		or any questions regarding this consent form or the use of my personal data, I may contact KFHKCL at			
	kfhkc@hkkaratedo.com.hk				
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Δth	lete family name:		Athlete first name:		
7611	icte family flame.		Admete mist name.		
Ath	lete signature:		Date:		
Team support			Team support		
			person first name:		
person family			person first name:		
name:					
Team support			Date:		
pers	son signature:				
Translator			Translator first		
family name:			name:		
Translator signature:			Date:		

Athlete representative signature is mandatory if the athlete is considered a minor or lacks legal capacity under legislation.

Please, send this document as a PDF to the KFHKCL.