



MOUTHGUARD WAIVER

I understand that the use of mouth guards is recommended in any contact sport by the Canadian Academy of Sports Medicine and the Canadian Dental Association. I understand that wearing a mouth guard can prevent or minimize dental, facial and basal skull injuries.

I have chosen not to wear a mouth guard for the _____
competition taking place at _____ on _____.

I understand that there is considerable personal risk to myself in so doing; furthermore, I understand that there is increased risk of injury to my opponent by this action.

I therefore will take full responsibility for any injury that I may have as a result of not wearing a mouth guard. I also take full responsibility for the injuries I incur on my opponent as a result of not wearing a mouth guard, including the risk of blood contamination to my opponent.

I will not hold the Alberta Taekwondo Association liable for any injuries that result from my not wearing protective equipment. I will not hold any medical, paramedic, referee or volunteer liable for any injuries I may suffer as the result of not wearing the mouth guard.

Participant Signature (or Guardian)

Date