

G1 PERU OPEN 2023

SCHEDULE (Poomsae and Kyorugi)



DATE	TIME	PLACE	EVENT
November 14 th	All day	Jorge Chavez International Airport	Arrival delegations and Accreditations
November 15 th	9.00 a 18.00	Oficina de la Federación Deportiva Peruana de Taekwondo Av. Del Aire S/n San Luis La VIDENA (puerta 3) https://maps.app.goo.gl/ufhSp8GuBs2yyJie7	Accreditation
	11.00 a 18.00	CAR Taekwondo Polideportivo 2 VIDENA – San Luis https://goo.gl/maps/FhrchxcNvrM4JgRj8	Team training
	18.00	Referee´s Hotel Miraflores	Referee Technical Meeting
November 16 th	9.00 a 18.00	Oficina de la Federación Deportiva Peruana de Taekwondo Av. Del Aire S/n San Luis La VIDENA (puerta 3) https://maps.app.goo.gl/ufhSp8GuBs2yyJie7	Accreditation
	11.00 a 18.00	CAR Taekwondo Polideportivo 2 VIDENA – San Luis https://goo.gl/maps/FhrchxcNvrM4JgRj8	Team training
	18.00 a 20.00	Sala de usos múltiples Polideportivo 1 VIDENA San Luis https://maps.app.goo.gl/FBpdMPZRnNTTKhZN7	G1 Coaches Technical Meeting
November 17 th	9.00 am	Polideportivo 1 VIDENA San Luis https://maps.app.goo.gl/FBpdMPZRnNTTKhZN7	G1 Poomsae Competition (all divisions)
	10.00 a 12.00		G1 Cadet Weigh-in Male and Female
	12.00 a 14.00		G1 Junior Weigh-in Male and Female
	19.00		Poomsae Award Ceremony
November 18 th	8.00	Polideportivo 1 VIDENA San Luis https://maps.app.goo.gl/FBpdMPZRnNTTKhZN7	Cadet and Junior Random Weigh-in
	9.00		Cadet and Junior Kyorugi Competition

	10.00 a 12.00	<p>Polideportivo 1 VIDENA San Luis</p> <p>https://maps.app.goo.gl/FBpdMPZRnNTTKhZN7</p>	G1 Senior Weigh-in Male and Female
	19.00		Award ceremony
November 19th	8.00		G1 Senior Random Weigh-in
	9.00		G1 Senior Competition
	19.00		Award ceremony

RISK AND HEALTH LIABILITY TERM

1. Name: _____

2. Institution: _____

3. Parents or guardians* (for those under 18):

4. Competition/Event: I CAMPEONATO PANAMERICANO INFANTIL 2023

Poomsae

Kyorugi

5. I certify that the following statements are true (mark with an X the true options):

() I did not have the symptoms of body temperature above 37.5°C, cough, sore throat, muscle or joint pain with onset not related to training, headache, shortness of breath, Nausea or vomiting, diarrhea, loss of taste or smell, new-onset fatigue with no known cause within the last 14 days.

() I have completed the 14-day quarantine, in accordance with the CBT KD Safe Return Guidelines and the Return to Competition Guidelines for COVID19 Prevention, to participate in this competition.

() In the last 4 weeks, there is no one in my household or my staff who has had contact with someone with a possible or confirmed Covid-19 infection.

() There is no one in my household who has symptoms suggesting Covid-19 infection.

() I discussed this competition with my coach and team doctor (and/or guardians) who cleared me to participate in this competition.

6. I acknowledge that I must consult the team physician and/or the local physician as soon as possible for advice and instructions for Covid-19 and treatment of any signs or symptoms suggesting infection or a confirmed diagnosis of Covid-19 before returning to any training or competition.

() Yes, I am aware

() No, I do not agree

7. I am aware of the risks to which I place myself by participating freely and spontaneously in the event, exempting FDPTKD and its legal representatives from any liability.

Signature:

Name (athlete or legal guardian): _____

Date: _____

LIABILITY WAIVER

In my capacity as a competitor athlete in the G1 PERU OPEN 2023, which will be held in the city of Lima, Peru, between November 04th and 06th, 2022, by this act I oblige myself to observe and enforce the rules, regulations and directives that emanate from World Taekwondo, decisions of international referees and the regulation of competition, the Federacion Deportiva Peruana de Taekwondo, the essential principles of this martial art, uses, customs and general rules of practice of this discipline. And I agree to the consent to be filmed, televised and photographed, identified and recorded during this event for broadcast and other purposes for the promotion of the event by WT or the Organizing Committee.

I declare that I have the necessary medical check-ups to demonstrate that I am in perfect health for the practice and competition of Taekwondo, being under my sole responsibility the veracity of such studies that function as a requirement for admission to this event. However, I make available the medical certificate that approves it.

Therefore, under these conditions, I agree to participate in this event, release responsibility from the Organization, the Federacion Deportiva Peruana de Taekwondo, directors, masters, trainers or coaches who help me; For any injury, damage, loss and/or physical or moral accident that may be suffered from participating in the activities of the tournament or its accessories before, during and/or after, and/or any other activity related or not, assuming that it is a sport of contact, as well as during the transport to and from the place of the competition and their stay in it.

I also promise to faithfully enforce the rules of fair play and good behavior.

THIS WORKS AS A SWORN STATEMENT.

SIGNATURE AND NAME OF THE
PARTICIPANT OR LEGAL
REPRESENTATIVE

PLACE AND DATE