

Fill in legibly. All signatures are mandatory.

TOURNAMENT PARTICIPATION SUBMISSION CARPATHIA CUP 2022

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Surname Name			
Date of birth	____/____/____y.	PASSPORT no.(foreigners)./PE SEL no. (Poles)	_____

Surname Name			
Date of birth	____/____/____y.	PASSPORT no.(foreigners)./PE SEL no. (Poles)	_____

DECLARATION

I hereby declare that I am aware of the fight rules, as well as valid competition regulations. Fully and without any objections, I release the organizers of the Tournament, referees, instructors, trainers, employees, representatives, members, as well as authorized and invited guests from any legal responsibility connected with the accident that might occur during the Tournament including me as the victim or the cause. Moreover, I hereby declare that I possess a current, valid medical record which confirms my good state of health.

I agree that all submitted images of my persona, including their alterations created by any means, as well as those created during the Tournament can be used freely during the Tournament for such aims as advertisement, promotion, video clips, tv, cable tv, training materials and audio, image and information media and I hereby resign from any financial gratification due to above. I also resign from any legal claims that I might have concerning the breach of privacy, libel or any other reasons due to production, distribution, broadcast or any public exposition of my image connected with the Tournament.

The hereby declaration is not a subject to any spoken alterations.

I hereby declare that:

1. I / my son / my daughter / a person under my charge is healthy and has not lived with a person in quarantine and has not had contact with a person suspected of being infected within 14 days before the start of the Tournament.
2. Persons bringing the Tournament participant are healthy and did not live with a person in quarantine and had no contact with a person suspected of being infected within 14 days before the Tournament began.
3. I agree to measure the temperature of the Tournament participant by the Tournament staff, I undertake to resign from participation in the Tournament in case of having disturbing symptoms of illness (increased temperature, cough, runny nose, shortness of breath).
4. I undertake to immediately leave the Tournament / collect the child from the Tournament at my own expense in the event of disturbing symptoms of the disease (increased temperature, cough, runny nose, shortness of breath).
5. As a parent and/or legal guardian of an underaged participant of the Tournament, I will be available for the entire duration of the Tournament by phone:

Location..... Date.....

.....
Signature of the legal guardians of the juvenile
contestant

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