

LIABILITY WAIVER FORM

Event:

1. Please read the information below carefully, complete the requested information, date and signature. This form must be completed and returned to the Weight Control officials when registering.

Responsible person:

Name: _____

Country: _____ Position: _____

No.	Name	DOB	Signature
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LIABILITY WAIVER:

I, the undersigned hereby confirm the following:

- I have adequate Medical insurance to cover the participation of my team during this event.
- I, the undersigned, do hereby declare that my team are in good physical and mental condition and we have not suffered from any injury, infection, or disability liable to affect our capacity to compete in the current ITF event.
- I declare that the team are physically fit, that they have sufficiently prepared, having trained for the participation in this event, and have not been advised to not participate by a qualified medical professional. I declare that there are no health-related reasons or problems which preclude our participation in this activity.
- I release the event promoter, ITF, ITF Leadership, ITF Standing Committees and ITF NGB's members including servants/agents and umpires/referees from any claims, loss or damage sustained while participating in the above-mentioned event.
- I understand, and I am fully aware that my team are participating in a contact sport and may, in the normal course of competitions, sustain an injury while competing.

I also agree that our attendance and/ or performance may be photographed, filmed, or taped and used by ITF, event promoter and/or their respective authorized agents. I waive any compensation thereof.

I hereby undertake and agree to abide all ITF Rules and Regulations including WADA Anti-Doping rules and agrees to be tested if requested to do so.

I will treat all the competitors, officials and referees with, Respect, Integrity, Fair Play and Honour.

I declare to have read and understood the content of this document and I sign it of my own free will.

Place: _____ Date: _____ Signature: _____