

FISAC WORLD AND YOUTH CHAMPIONSHIPS WC2010

PARTICIPANT/COACH RELEASE AND INDEMNITY AGREEMENT

(Must be signed by parent or guardian if under 18)

MUST BE DULY COMPLETED TO PARTICIPATE

Name:

Birth date:

Country:

**We (or) I hereby request your acceptance of this application for registration in the
FISAC-IRSF World and Youth Championships WC2010 – United Kingdom (UK)
for**

.....
Name of Participant/Coach

In consideration of your acceptance of this application, we (or) I hereby release board members and any persons associated with FISAC-IRSF and/or BRSA, as its designated host federation, from all claims and causes of action arising from injury to the participant in this Championships, whether such injury is the result of negligence or some other cause. If medical attention is required for injury or illness while at the tournament, we (or) I give my permission for such medical care and we (or) I will be financially responsible. By signing this form we (or) I attest to this fact that we (or) I have a valid medical insurance coverage plan. We (or) I also give permission for the FISAC-IRSF and/or BRSA to use any videos and/or photographs of the participant/Coach for publicity, advertising or other commercial or promotional purposes for a limited period of time.

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Signature of Parent or Guardian
(Or team member over 18 years)

Date.....

.....
Family name + First name