

LIABILITY DECLARATION (only for under aged athletes)

My name: _____

I live in: _____

I am the parent/guardian of: _____

Date of birth (competitor): ____/____/____

I declare that I accept the participation of _____ at the
DRACULA OPEN Championships 2019 on 16-17 November 2019 .

I accept all parts of the official invitation of this tournament. For physical reasons nothing speaks against a participation of the aforementioned athlete and I understand that all competitors are considered to participate at their own risk.

World Taekwondo Europe, World Taekwondo and the Organizing Committee assume no responsibility for any damages, injuries or losses.

All athletes must bring their own documents and the forms or any medical insurance.

Place: _____

Date: _____

Signature of the parents/legal guardian:

Please send this form to e-mail address: reg@draculaopen.ro