

## RELEASE AND WAIVER FORM

NAME&SURNAME: \_\_\_\_\_

ADRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

I hereby submit my application for participation in European Jiu-Jitsu Challenge 2016, held in Gradska sportska dvorana Varaždin / Varaždin / Croatia on Saturday, December 3th 2016.

I hereby fully understand and assume full responsibility and liability for all damages, injuries and losses that I may sustain or incur while participating in or watching the tournament. I realize that serious injury is commonplace in martial arts tournaments such as the one I am hereby entering; and that even death is a possibility. I also realize that if i am injured, I might be disfigured, disabled and/or rendered unable to work again. I realize that regardless of how this consequences might occur – whether it be the result of an opponent’s actions, the action or inaction of a referee, the condition of the mats used, the conduct of a non-participant or some other reason – By entering into this agreement I accept the risk of entering and being present at the tournament and give up and waive all claims I or anyone acting on my behalf or through me might have against organizers, operators, sponsors, officials, participants, non-participants, Gradska sportska dvorana Varaždin and their employees and representatives for any injury regardless of its nature, effect or affect on me as a result of my participation and/or presence at the tournament.

I authorize, and agree to hold harmless, whatever medical personnel that may be present at the tournament to take any action necessary, should I become injured.

I further understand that news media and others might cover the tournament and that it may also be videotaped or otherwise shown to audiences around the world. I hereby consent to having my likeness shown, publicized, commented and/or reported on; and I do not expect to, and in fact waive any compensation I might otherwise be entitled to as a result thereof. I represent that I am in good health; that I am not presently, nor will I participate while under the influence of any drug or medication; that no one affiliated with this tournament has encouraged me to enter or made any represations regarding my fitness or ability to participate; that I have read and understood every provision of this release; and that I am legally competent to and freely enter into this waiver, release and assumption of risk agreement.

With my signature I comfirm that I am in good health and that as an athletee I check my medical condition regularly.

Date and place: \_\_\_\_\_

Athletes signature: \_\_\_\_\_

\*Parent full name and signature: \_\_\_\_\_

\*If the competitor of this tournament is a minor, I hereby certify that I am the Parent/Legal guardian of the named minor ; that I have read and understand every provision of this release and waiver form. I am legally competent to and freely enter into this waiver, release and assumption of risk agreement on behalf of the minor and myself.\*