



Liability Declaration

Tournament:

I agree that all competitors of my team are considered to participate at their own risk.

I agree that The Polish Taekwondo Federation and the organizer assume no responsibility for any damages, injuries or losses. All team contestants have:

- medical insurance for any medical treatment they may need in Poland,
- adequate gup/ dan certificate to participate in the tournament,
- medical certification allowing to participate in the tournament,
- parents'/lawful guardians' consent for underage persons' participation in the tournament

Team name:

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Place and date:

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Signature:

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