



Competitor REVERS (CONSENT FORM)



Written consent to participate in the ring sports competition

The competition.....**SLOVAK OPEN 2020**.....date...**21-23.2.2020**.place.....**BRATISLAVA**

Name and surname of competitor:.....

Date of birth:.....Address:.....

I.....the undersigned ,certify that I will participate as competitor in sport competition in the Ring´ sport disciplines (full contact,K1),on my own risk.I declare that I am psychic and medically fit to compete.In case of injury, I will not seek compensation from organizer of competition named Slovak kickboxing union.Also I certify that I read this document before I signed it, I understood it and I signed it freely and willingly.

Date:.....Competitor´ signature:.....

Date:.....Competitor´s coach signature:.....

Name and surname of parents competitor under

18yrs :.....

Date of birth:.....Address:.....

I.....the undersigned ,certify that my daughter/ son will participate as competitor in sport competition in the Ring´ sport disciplines(full contact,,K1),on their own risk.I declare that his/ her si psychic and medically fit to compete. Incase of injury, she/ he will not seek compensation from organizer of competition named Slovak kickboxing union. Also I certify that I read this document before I signed it, I understood it and I signed it freely and willingly.

Date:.....

Competitor´s parents signature:.....