

:: 30th and 31st of May of 2015 ::

TERM OF RESPONSABILITY

ATHLETE'S PROFILE

Full Name: _____

Birth Date: _____ Association: _____

Personal Identification Type: _____ I.D. Number: _____

Blood Type: _____ Gender: Female Male

IMPORTANT - It is the responsibility of each participating Association to ensure that all their athletes, registered under their care are covered with a personal accident insurance policy updated to the date of this competition. (For more information contact the or School director or manager)

TERM OF RESPONSABILITY

By signing this term, I exempt and waiver all organizers, promoters, directors, judges and contestants from all responsibility for any accident that may occur to my person during the IX YMAA Portugal Traditional Kung Fu Championship. This is a martial arts event, and by participating, I am aware of the risks of competition. I promise to follow and respect the rules and regulations of this competition, and to promote the art of Kung Fu through safe practice, respecting the other competitors and referees who are present at the competition.

Athlete's Signature

Athlete's Legal Guardian Signature
(for under 18 years of age)

www.ymaaportugal.com

tel. | fax: +351 214 956 123

Travessa da Ordem Militar do Hospital,
Nº 7 - 4º Dto Falagueira 2700-626 Amadora