

# WAIVER FORM ADULTS

## IKO POLAND SENIOR CHAMPIONSHIP

Ostróda, March 29th, 2025

Name: \_\_\_\_\_

Category: \_\_\_\_\_

Country: \_\_\_\_\_

BC or DOP: \_\_\_\_\_

I, the undersigned \_\_\_\_\_, hereby declare that I take part in the sports competition of the **IKO POLAND SENIOR CHAMPIONSHIP** at my own risk and at my own responsibility and that my health condition allows me to take part in this competition and that there are no medical contraindications to my participation. I assume criminal and civil liability for any damage caused by me during the sporting event. I declare that I will not file any complaints or claims in court for damages as well as possible health impairment caused by any incidents during the sports competition. I accept that the organiser is not liable in any way for the actions or omissions of a participant in the competition. I declare that I have familiarised myself with the competition rules and I fully accept the provisions contained therein. I consent to the processing of my personal data within the meaning of the Regulation of the European Parliament and of the Council (EU) 2016/679 of 27 April 2016 and the Act of 10 May 2018 on the protection of personal data (Journal of Laws 2019 item 1781) contained in the above statement and to the use of my image by STOWARZYSZENIE OSTRÓDZKI KLUB KYOKUSHIN KARATE, Jana III Sobieskiego 9 / 230, 14-100 Ostróda, Poland, for the purpose of promoting and disseminating sport and physical culture, including the publication of results, photos and reports of competitions in the press, on websites and in professional guides.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_