

PERSONAL INSURANCE CREDENTIAL

FEMALE / MALE TEAM

To:
Organizing Committee European Taekwondo
Championships Vigo09
Federación Española de Taekwondo
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Copy to:
Mr. Gerrit Eissink
Secretary General of the ETU
Tulpstraat 49a, P.O. Box 37 7570 AA
Oldenzaal, The Netherlands
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No player or officials will be accredited for The 1st European Sub21 Male and Female Taekwondo Championships without full completion of this form.

Do you have any medical problem?
(if yes, please explain on the bottom of this form)

Yes Non

Do you require any special medication?
Are you pregnant?

Yes Non
Yes Non

The undersigned, in consideration of his or her participation at The 1st European Sub21 Male and Female Taekwondo Championships, agrees to his or her own indemnity and shall not hold the European Taekwondo Federation, the Organizing Committee, Spanish and Galician Taekwondo Federations and the host country, responsible for any and/or all injuries and/or illnesses, which may be suffered by the individual registered during The 1st European Sub21 Male and Female Taekwondo Championships, arising out of, or in any connected to, his or her participation at The 1st European Sub21 Male and Female Taekwondo Championships.

I have read the above application and agreement, and fully understand that I assume all responsibilities for any risks undertaken or injuries received.

Name in full	VIGOR
Home Address	SUB-21 I EUROPEAN CHAMPIONSHIPS
Date of Birth	
Date	

I hereby declare, as confirmed by my signature, that liability insurance has been effected for all the officials and contestants from (insert name of your country) participation at the The 1st European Sub21 Male and Female Taekwondo Championships. This insurance covers all damages to persons and belongings, and indemnifies the Organizing Committee and the European Taekwondo Federation from all damages, claims and demands whatsoever in respect thereof.

Explanations of Medical Problems: _____

 Representative's Signature
 (with Association stamp)

 Date