Slovak Wushu Championship 2020

/Open competition/

16th of May 2020, Bratislava, Slovakia

WAIVER OF LIABILITIES

Name of Participant Date of Birth Nationality		
Passport No		
my Entry to the Slovak Wushu Ch and School of Chinese Wushu (SA	nampionship 2020. In consideration CW and SCW) accepting my applicat nd losses, which may result from or	nd without duress, do voluntarily submit of Slovak Association of Chinese Wushu tion, I hereby assume all risks of physical r in connection with my participation in
and School of Chinese Wushu (her Acting for myself, I do hereby volunteers, and other related men actions, suits, and controversies of may sustain as a result of or in co- fully understand that all medical representatives, volunteers, and a	reafter SACW and SCW) collectively release the Organization Committenbers from all liability relating to injural law or in equity by reason of any connection with my participation in the lattention or treatment given to related members will be first ves, volunteers, and all other related	he Slovak Association of Chinese Wushureferred to as "Organization Committee" ee, its officers, agents, representatives, tries and losses that may occur, all claims, matter, cause or thing whatsoever that the Slovak Wushu Championship 2020. It is officers, at aid only, and hereby release the SACW members from any liability for such aid.
	-	onal Wushu Federation and its friendship otest it must be conducted in accordance
be filmed or otherwise recorded on oses, pictures and biographical anguage, with or without other make trical medium picture, or any	or released or telecasted live. I consend data (complete or part of them) I naterial, throughout the world, withou	e Slovak Wushu Championship 2020 may nt to the use of my name, address, voice, by the SACW and SCW in any form or out limitation, for television, radio, video, known or hereafter devised. I do hereby nts to the aforementioned.
I have read and fully unde equired if participant is under 18)	-	ignature of Parent or Legal Guardian is
 Signature of Participant		 Date