

# Waivers Signatures Statement



## DELEGATE FORM

Name: .....

Last name: .....

Birthday: (d)...../(m)...../(y).....

Nacionality: .....

Team name: .....

Team country: .....

Category:.....

Branch: Men ( ) Women ( )

## WAIVERS SIGNATURES STATEMENT

As the delegate of the above team I declare on my own, absolute and exclusive civil and criminal responsibility that every signature at each **WAIVER OF RIGHT DISCLOSURE AND RESPONSIBILITY COMMITMENT** of the players and auxiliaries from the team I represent, given during the registration, have been signed in person by each one which name is in the form. I hereby declare that each player of the team represented by me has reached the age of the registered category.

Date :(d)...../(m)...../200

Signature:.....

Print name: .....



# Waiver of Right Disclosure and responsibility commitment



Name: .....

Last name: .....

Birthday: (d)...../(m)...../(y).....

Nacionality: .....

## WAIVER OF RIGHT DISCLOSURE AND RESPONSIBILITY COMMITMENT

1.- **GENERAL WAIVER:** As a condition of my participation in the World Maxibasketball Championship, Prague 2009, I hereby waive, on my own behalf or estate or personal representative, any and all rights, cause and claims for loss, damages or mi dead caused by negligence, active or passive, of the following; any officers, directors, agents, representatives, volunteers or employees of the Organizing Committee of this Championship, FIMBA, FIMBA America, FIMBA Europe or the host facilities, meet sponsors, meet committees, attending medical personnel, or any individuals officiating at the meets or supervising such activities. I registered voluntary in the World Maxibasketball Championship, Prague 2009 and I am the only person responsible for any material or moral damage, injuries, permanent disability and/or death, that I cause for the others or to my person, realizing and forever discharging, for myself, my heirs, executors, administrators and assigns do hereby remise the Organizing Committee of this Championship, FIMBA, FIMBA America, FIMBA Europe and its employees, directors, assistant, persons or bodies corporate, members, sponsors, other persons or entities participating or connected with them, of and from all manner of actions, cause of actions, claims of liability or demands in the present or future against them, for or by reason of entering and competing.

2.- **DECLARATION OF HEALTH:** I declare as a player of Maxibasketball category that I am in good physical, psychical and health to participate and compete in this tournament. I acknowledge that I am aware of all risks inherent in masters training and competition and that I accept personal responsibility for any injury, accident or illness, including possible permanent disability and death that I may suffer during the tournament.

3.- **MEDICAL RELEASE:** In event I sustain an injury or illness while participating in the games, I hereby authorize attending medical personnel to perform and administer such emergency and non-emergency medical attention, as they, in their absolute discretion, deem necessary or desirable. I also consent to emergency and non-emergency treatment for myself and attending medical personnel to delegate any necessary treatment to any other medical practitioner nominated for the purpose. I hereby release all attending medical personnel from any and all claims, damages, and liability arising out of acts or omissions in connection with delivery of emergency or non-emergency

medical treatment to me. Myself pay medical transport, medical costs and other medical services. The Organization Committee is not accountable for my injuries, damages and/or my health consequences.



4.- **MEDIA RELEASE:** I hereby grant the Organizing Committee of this Championship, FIMBA, FIMBA America, FIMBA Europe and their licenses the unconditional right to use, record, publish, broadcast and otherwise exploit at this discretion in any form of media, art advertising, trade, visual documentary, promotional material, merchandise or film coverage of any kind, my performance in the games and to use my name, likeness, voice and biographical in connection therewith, without compensation to me. I also waive the right to inspect and/or approve any product or the copy that may be used in connection therewith, or the use to which it may be applied.

5.- **OBSERVATION OF RULES:** I agree to abide by all rules and regulation issued for this tournament, for the category, and observe all written and oral instructions given by authorized personnel at the championship. I agree that failure to comply with the designated rules may result in my disqualification or expel from the games.

6.- **PROOF OF AGE:** I acknowledge and agree that the players in the World Maxibasketball Championship must have reached the age category before or during this calendar year. I accept that I will be required to provide a proof of age in order to receive my credentials and participate in the competition.

I hereby certify I have read and understand the above, and I will abide by the said terms and conditions as stated above. I hereby acknowledge that I am signing this document voluntarily. I understand the present waiver is under the Czech laws and in any case I hereby accept the justice of Prague city.

**Date :**(d)...../ (m)..... /200

**Signature:**.....

**Print name :** .....