



LIABILITY DECLARATION (Only for under aged athletes)

ATHLETE'S name: _____

I live in: _____

Date of birth: _____

PARENT/GUARDIAN'S name: _____

I declare that I accept the participation of the abovementioned athlete at the **XXI INTERNACIONAL SPANISH OPEN G1 2024** and that I accept all parts of the official invitation of this tournament.

For physical reasons nothing speaks against a participation of the athlete, and I understand that all competitors are considered to participate at their own risk. European Taekwondo Union, World Taekwondo and the Organizing Committee assume no responsibility for any damages, injuries, or losses. All athletes must bring their own documents and the forms or any medical insurance in Spain.

Place: _____ Date: _____

Signature of the parents/legal guardian: _____

Please send this form to: secretaria@fetaekwondo.net

(no later than March 13th 2024)

