

CONSENT FORM

(CLUB COACHES/OFFICIALS SHOULD NOT SIGN THIS FORM)

Competitor's Name

Parent/guardian's Name.....

I am above mentioned competitor's parent/guardian and I hereby confirm that he/she has my authorisation to participate in the OPEN SPECIAL NEEDS JUDO TOURNAMENT – JUDOKA BEARS, BUCHAREST, ROMANIA event being held on Sunday 03rd September 2017.

I further confirm and warrant that to the best of my knowledge and belief that the competitor is able to participate in the Judo event. In permitting the competitor to participate, I am specifically granting my permission to the Down Association Bucharest to use the competitor's likeness, name, voice and words in television, radio, film, newspaper, magazines and other media and in any form for the purpose of advertising.

If a medical emergency should arise during the competitor's participation in this event, at a time when I am not personally present so as to be consulted regarding the competitor's care, I hereby authorise the competition organiser on my behalf, to take whatever measures are necessary to ensure that the competitor is provided with any emergency medical treatment, including hospitalisation, which the competition organiser deems advisable in order to protect the competitor's health and well-being.

I the undersigned am parent/guardian of the above-specified competitor and I hereby

give my permission for..... (competitor's name) to participate at this event.

Parent/guardian's signature

Date

N.B: If a competitor is an adult and legally responsible for him/herself, he/she can sign this form. I the undersigned am of legal age and agree to the above conditions for participation in this event.

Signature of competitor if of legal age

Date.....