



June 10 - 17, 2023
Portugal, Algarve

WAIWER OF LIABILITY



GENERAL WAIVER: As a condition of my participation in Albufeira'23 Open, I hereby waive, on my own behalf or estate or personal representative, any and all rights, cause and claims for loss, damages or my dead caused by negligence, active or passive, of the following: any officers, directors, agents, representatives, volunteers or employees of the Organizing Committee of Albufeira'23 Open European championship, ESBA, 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 this European

championship, 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 European championship, ESBA and its employees, directors, staff, assistants, 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.

MEDIA RELEASE: I hereby grant the Organizing Committee of Albufeira'23 Open European championship, ESBA 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.

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

PROOF OF AGE: I acknowledge and agree that players must have reached the age category on or before this calendar year. I agree to provide a copy of the identity document and if necessary, provide the original of the document.

DECLARATION OF HEALTH: I declare as a player that I am in good health condition to participate and compete in this tournament, and I prove it with the certificate of physical fitness that I give in this moment. I acknowledge that I am aware of all risks inherent in seniors 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.

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. I declare that I am responsible for the payment of any medical transport, medical costs and other medical services. The Organization Committee is not accountable for my injuries, damages and/or my health consequences. I hereby acknowledge that I am signing this document voluntarily and I understand the implications of my signature and agree to the conditions as describe above. By signing below, I certify that my answers and statements are true and complete to the best of my knowledge and belief. I understand the present waiver is under this country laws and in any case, I hereby accept the justice of this city and this country.

Team name: _____

Date: _____

1. _____ Signature_____
2. _____ Signature_____
3. _____ Signature_____
4. _____ Signature_____
5. _____ Signature_____
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13. _____ Signature_____
14. _____ Signature_____
15. _____ Signature_____

Note: All players at the ESBA Championship Albufeira'23 Open are strongly advised to arrange their own personal accident insurance prior to attending the tournament!

I, _____ as this Team Manager approve, that my team's members understand the content of the Waiver of Liability and it is signed by every Team's member personally.
