



PARTICIPANT WAIVER

I, the undersigned, in consideration of, and as a condition of acceptance of my entry in the tournament hosted by ITFU England for myself, my heirs, executors and administrators hereby waive all and any claims, right or cause of action which I or they may otherwise have, for or arising out of loss of life or injury, damage or loss of any description whatsoever, which I might suffer or sustain in the course of, or consequent upon my entry and participation in the said tournament. I understand and accept, that with all participation in sporting events which are combative in nature, with a likelihood of physical contact, that there is an acceptable element of risk.

I confirm that I am qualified, suitably prepared and skilled, in good health, and in proper physical condition to participate in such an activity and that I have no pre-existing injuries or illness that put me at additional risk via the participation in the events I have selected.

Please Tick If Applicable: ☐

I confirm that I do have a pre-existing medical condition, injury and or illness namely:

I can confirm that I have obtained medical advice and guidance preceding this event from a qualified medical practitioner. Even though I am qualified, suitably prepared and skilled for this tournament, I understand and accept the additional risk to continue with participation in the events I have selected.

Please Tick If Applicable: ☐

I accept that the organisers, the ITFU England Committee, reserve the right to match competitors as closely as possible, based on the entries received. I understand that the organisers reserve the right to alter the competition schedule, based on competitor entry levels.

Signed: _____ STUDENT NAME: _____ DATE: ____/____/20____

Signature of Parent / Legal Guardian: _____ DATE: ____/____/20____

Name of Parent/Legal Guardian: _____