



FORM C

Consent Form

To: Organizing Committee of
JKA GRAND PRIX KARLOVY VARY, CZECH REPUBLIC
for children, cadets and juniors
23rd May 2020 / Karlovy Vary – Czech Republic

I hereby consent that I will not claim any compensation for injury, which might occur at the **JKA GRAND PRIX KARLOVY VARY, CZECH REPUBLIC** for children, cadets and juniors that will be held on 23rd May 2020 at Karlovy Vary, Czech Republic.

Each contestant must carry on personal health insurance and he/she is responsible for his/her own health care and will have no claims to the tournament doctors.

Name of Contestant: _____
(Type or print in capital letters clearly)

Country: _____ Date: _____

Address: _____

Name of Parent / Guardian: _____
(Type or print in capital letters clearly)

Signature: _____ Date: _____

Note: Type or print in capital letters clearly your name, and return this form to your manager. The manager must collect all this forms from the contestants of your country and bring it to the registration at tournament.