

9th INTERNATIONAL TENNIS TOURNAMENT FOR ENGINEERS

Zagreb, Croatia September 11th to 13th 2020

WAIVER

First Name	Last Name	Date of birth	Gender

Nationality	Country of residence	Zip code	City of residence	Address

- 1. GENERAL TERMS:** As a condition of my participation on the International tennis tournament for engineers, I declare that I have voluntarily registered to this tournament, and that I am performing as a competitor on my own responsibility. I am also familiar with the risks that this competition brings. By signing this Waiver I release the organizer, competitors and other third persons from any accident, injury, damage to my health and all other material and immaterial damage that I have caused or incurred, which may occur as a result of my participation at the competition, and I am giving up all rights for any kind of compensation from the mentioned grounds.
- 2. MEDIA RELEASE:** I am familiar that all video and audio records of competitors, recorded by the organizer during the competition, are property of the organizer, and by signing this Waiver I give up all rights to the same and any benefits relating to use of these materials. I agree that the organizer reserves the right of use, copying and distributing of recorded audio, video and photo materials.
- 3. COMPLIANCE WITH RULES:** I declare that I am familiar with all tournament rules and by signing this Waiver I confirm that I understand and accept the same. I agree to comply with all rules and all written and word given instructions by authorized persons of the tournament. I accept that compliance failure with the specified rules from my side may result as exclusion from the game and disqualification from the tournament.
- 4. PROOF OF AGE CATEGORIES:** Competitors of the tournament must have certain age for a particular category before or during the calendar year. On the request of the organizer, I agree to provide a proof for my age related to participation on the tournament.
- 5. STATEMENT OF HEALTH CONDITION:** I declare that I am in good health condition for participating and competing on this tournament. I confirm that I am aware of all risks characteristic to this kind of training and competition, and I release the organizer, competitors and other third persons for any accident, injury or disrupted health condition that may occur as a result of participation on the tournament.
- 6. MEDICAL RELEASE:** By signing this Waiver, in case of obtaining an injury or disrupted health condition as a result of participation on the tournament, I authorize present medical staff to perform and conduct emergency and non-emergency medical treatment, which present medical staff, in absolute discretion, consider necessary. Also, I agree that medical staff, for emergency and non-emergency medical treatment, on my behalf delegate medical treatment to another doctor, who is charge for that purpose. I waive the right to claim benefits for damage suffered by the medical staff due to mistakes and failures related with an emergency or non-emergency treatment. I agree to bear the costs of medical transportation and other medical services.
- 7. FINAL TERMS:** I declare that I voluntarily signed this document, and that I understand the consequences of my signature and I agree with all terms described above. By signing this Waiver I agree that for any possible disputes between the organizer and me, court in Zagreb will be competent.

Date: ____ ____ 2020

First and Last Name: _____

Signature: _____