

# ISKA WORLD AMA CHAMPIONSHIPS IN MUNICH GERMANY 18-22/10/2023

## FOR THE PARENTS OF COMPETITORS UNDER THE AGE OF 18 YEARS OLD THAT COMPETE IN K-1 LIGHT OR K-1 RULES

### **PARENTAL PERMISSION**

FULL NAME (FATHER OR LEGAL GUARDIAN) \_\_\_\_\_

BORN (PLACE AND DAY) \_\_\_\_\_

FULL NAME (MOTHER OR LEGAL GUARDIAN) \_\_\_\_\_

BORN (PLACE AND DAY) \_\_\_\_\_

**WITH THIS DOCUMENT WE DECLARE TO BE PARENTS OR LEGAL GUARDIANS OF THE COMPETITOR -18 YEAR OLD**

FULL NAME OF THE COMPETITOR \_\_\_\_\_

BORN (PLACE AND DAY) \_\_\_\_\_

TEAM \_\_\_\_\_ COUNTRY \_\_\_\_\_

#### **AND WE DECLARE UNDER OUR FULL RESPONSIBILITY :**

- TO PERMIT TO OUR SON/DAUGHTER TO ATTEND THE K-1 LIGHT OR K-1 RULES COMPETITIONS IN ISKA WORLD AMATEUR CHAMPIONSHIPS FROM 18<sup>TH</sup> OKTOBER TO 22<sup>TH</sup> OKTOBER 2023 IN MUNICH GERMANY.
- WE DECLARE THAT OUR SON/DAUGHTER IS IN POSSES OF A SPECIFIC MEDICAL CERTIFICATION AND INSURANCE CERTIFICATIONS VALID (NOT OLDER THAN 12 MONTHS).
- WE ACCEPT THE INSURANCE COVERAGES OF OUR SON/DAUGHTER. WE KNOW THE MAXIMUM COVERAGES OF THIS POLICY THAT WE ACCEPT, WAIVING ANY AND ALL REVENGE, COMPENSATION, RECOURSE AGAINST LIABLE OR THIRD PARTY.
- WE DECLARE THAT OUR SON/DAUGHTER DOESN'T USE ANY DRUG OR DOPING SUBSTANCE AS INTERNATIONAL SPORT AND OLYMPIC LAWS REQUEST.
- WE DECLARE TO DECLINE ABOUT EVERY FORM OF RESPONSIBILITY THE ORGANIZING COMMITTEE, ISKA, FIGHT1, ALL PROMOTERS IN CASE OF EVENTUAL INCIDENT HAPPENED DURING ISKA WORLD AMATEUR CHAMPIONSHIPS 2023 IN MUNICH GERMANY.
- WE AUTHORIZE THE PUBLICATION OF IMAGES OF OUR SON/DAUGHTER AND OURSELVES EFFECTED DURING THE COMPETITIONS, IN THE MEANS USED BY THE ORGANIZATION, AND THAT THEY ARE DIFFUSED WITH ALL PERMISSIBLE FORMS AND SUPPORTS, WITHOUT CONDITIONS OR RESERVES, EVERY TIME, WITHOUT ANY OBLIGATION TO CORRESPOND A REMUNERATION.
- IN COMPLIANCE WITH THE GDPR - EU REGULATION 2016/679 AND THE ITALIAN LEGISLATIVE DECREE N.196/2003, WE HAVE READ AND ACCEPT UNRESERVEDLY THE PRIVACY POLICY AND WE HEREBY AUTHORIZE THE TREATMENT OF OUR SON/DAUGHTER PERSONAL DATA FOR THE MANAGEMENT OF THE OPERATION.

DATE \_\_\_\_\_

FATHER'S OR LEGAL GUARDIAN'S SIGNATURE \_\_\_\_\_

MOTHER'S OR LEGAL GUARDIAN'S SIGNATURE \_\_\_\_\_

**Please complete, sign and present the original together with a copy of the signatories' identity document**