

**ACKNOWLEDGEMENT OF RISK, CONSENT TO PARTICIPATE AND MEDICAL TREATMENT
AND WAIVER LIABILITY FORM**

**This Consent Form applies to all Badminton Open Tournaments sanctioned by the
Cyprus Badminton Federation and shall be submitted to the Organizing Club preferably the date of entry or at least prior
to participation**

(To be completed and signed by participant or participant's parent/ legal guardian If under 18 years of age and does not have a
health card issued by the Cyprus Sports Organization)

Tournament Information: Name: _____ Organizing Club: _____ Venue: _____ Date: _____ Cyprus Badminton Federation Sanction Protocol No.: _____
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Participant Information: Name of Participant: _____ Gender: _____ DOB: _____ Age: _____ Club: _____ Mobile Phone Number: _____ Mailing Address: _____ Emergency Contact Person: _____ Relationship to Participant: _____ Mobile Phone Number: _____

I acknowledge that my voluntary participation in the above tournament is a sports activity which involves inherent hazards and risks of serious personal injuries and/or death, and I assume such hazards and risks. I understand that certain elements of my participation can be physically demanding and I understand that there are certain risks of physical injury involved with all such strength, fitness and conditioning activities some of which I may not be presently aware. I understand by signing this release/consent form, I am assuming such risks are both known and unknown risks to me at this time. I assert that I have the necessary physical abilities and conditioning to safely participate in this sport. I certify that I have no known or knowable medical, physical or mental conditions that would affect my ability to safely participate in the above tournament, or that would result in my participation creating a risk of danger to myself or to others. As a condition of my participation, I accept full and complete responsibility for my own ability to healthfully participate in the tournament.

I acknowledge that the Cyprus Badminton Federation, the organizing Club, venue, or tournament sponsor does not provide accident/medical coverage for tournament participants. I further understand that it is my responsibility to ensure that I have the appropriate accident/medical coverage to participate in the Badminton event, hosted by the above Badminton Club.

I consent to medical care and transportation in order to obtain treatment in the event of injury to me as organizers, volunteers or medical professionals may deem appropriate and understand that this waiver and release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency and/or injury.

In consideration of the acceptance of my entry to participate and intending to be legally bound, I hereby waive and release the Cyprus Badminton Federation, its council and employees, tournament sponsors, and the Organizing Badminton Club and their officers, coaches, volunteers and representatives from any and all liability for personal injury or property damages or loss arising from my participation in this event whether such loss results from my own negligence or that of other participants, or any other cause. My release includes tournament competition, practice, use of equipment, facilities and related social functions and associated activities.

Signature of Participant: _____ Date: _____

Name of Parent/ Legal Guardian: _____

Signature of Parent/ Legal Guardian: _____ Date: _____