

BEACH RUGBY FESTIVAL - ATHLETES' FORM

Please fill in one form only for each team - further athletes may be registered during check-in procedures

This form, duly filled in and signed, must be faxed together with the participation form

Should athlete's under 18 wish to participate in the event, the form will be signed by one of their parents or by a supervisor who authorise the athlete's participation in the tournament. The signees herewith declare that: **d)** they have read and will respect the rules of the Beach Rugby Festival event as published in the internet site of www.beachrugby.com; **b)** they hold a medical certificate with validity for the entire duration of the sports event, which will be handed to the organisers during check-in and which confirms that they are physically able and fit to participate in this non-competitive event; **e)** they are aware of the potential risks involved in participating in a sports event like the Beach Rugby Festival; **d)** they freely volunteered to participate in the event and will personally take responsibility for any risks involved in said participation. The signees, having read and accepted the conditions outlined above and having accepted their registration in their own and personal interest and not in the name of third parties, expressly exonerate the organising committee, the promoters, the local administrations, all sponsors and all representatives of the above mentioned associations from any current and future damages or responsibilities of any type linked to, or stemming from the participation in the event. The signees give their express authorisation to all associations and organisations mentioned above to use photographs, tapes, videos and images for any legitimate use without expecting compensation for said use. Finally, the signees, expressly authorise the organisers and their partners and/or sponsors to use their personal data to send information and/or advertising materials (all personal data will be treated with respect to the law 675/96 on safeguarding privacy).

Name of the team: _____

Game category: 5vs5 Men 5vs5 women

Please note: The team manager will register as athlete no. 1

write legibly
surname name country
date of birth place of birth
address no. ZIP code city
e-mail mobile phone

Does the athlete wish to have the insurance policy (see participation form)? no si

Signature: _____

write legibly

athlete no. 2
surname name country
date of birth place of birth
address no. ZIP code city
e-mail mobile phone

Does the athlete wish to have the insurance policy (see participation form)? no si

Signature: _____

write legibly

athlete no. 3
surname name country
date of birth place of birth
address no. ZIP code city
e-mail mobile phone

Does the athlete wish to have the insurance policy (see participation form)? no si

Signature: _____

write legibly

athlete no. 4
surname name country
date of birth place of birth
address no. ZIP code city
e-mail mobile phone

Does the athlete wish to have the insurance policy (see participation form)? no si

Signature: _____

write legibly

athlete no. 5
surname name country
date of birth place of birth
address no. ZIP code city
e-mail mobile phone

Does the athlete wish to have the insurance policy (see participation form)? no si

Signature: _____

write legibly

athlete no. 6
surname name country
date of birth place of birth
address no. ZIP code city
e-mail mobile phone

Does the athlete wish to have the insurance policy (see participation form)? no si

Signature: _____

BEACH RUGBY FESTIVAL - ATHLETES' FORM

Please fill in one form only for each team - further athletes may be registered during check-in procedures

This form, duly filled in and signed, must be faxed together with the participation form

Should athlete's under 18 wish to participate in the event, the form will be signed by one of their parents or by a supervisor who authorise the athlete's participation in the tournament. The signees, herewith declare that: **a)** they have read and will respect the rules of the Beach Rugby Festival event as published in the internet site of www.beachrugby.com; **b)** they hold a medical certificate with validity for the entire duration of the sports event, which will be handed to the organisers during check-in and which confirms that they are physically able and fit to participate in this non-competitive event; **c)** they are aware of the potential risks involved in participating in a sports event like the Beach Rugby Festival; **d)** they freely volunteered to participate in the event and will personally take responsibility for any risks involved in said participation; The signees, having read and accepted the conditions outlined above and having accepted their registration in their own and personal interest and not in the name of third parties, expressly exonerate the organising committee, the promoters, the local administrations, all sponsors and all representatives of the above mentioned associations from any current and future damages or responsibilities of any type linked to, or stemming from the participation in the event; The signees give their express authorisation to all associations and organisations mentioned above to use photographs, tapes, videos and images for any legitimate use without expecting compensation for said use. Finally, the signees, expressly authorise the organisers and their partners and/or sponsors to use their personal data to send information and/or advertising materials (all personal data will be treated with respect to the law 675/96 on safeguarding privacy).

Name of the team: _____

Game category: 5vs5 Men 5vs5 women

athlete no. 7

write legibly
surname name country
date of birth place of birth
address no. ZIP code city
e-mail mobile phone

Does the athlete wish to have the insurance policy (see participation form)? no si Signature: _____

athlete no. 8

write legibly
surname name country
date of birth place of birth
address no. ZIP code city
e-mail mobile phone

Does the athlete wish to have the insurance policy (see participation form)? no si Signature: _____

athlete no. 9

write legibly
surname name country
date of birth place of birth
address no. ZIP code city
e-mail mobile phone

Does the athlete wish to have the insurance policy (see participation form)? no si Signature: _____

athlete no. 10

write legibly
surname name country
date of birth place of birth
address no. ZIP code city
e-mail mobile phone

Does the athlete wish to have the insurance policy (see participation form)? no si Signature: _____

athlete no. 11

write legibly
surname name country
date of birth place of birth
address no. ZIP code city
e-mail mobile phone

Does the athlete wish to have the insurance policy (see participation form)? no si Signature: _____

athlete no. 12

write legibly
surname name country
date of birth place of birth
address no. ZIP code city
e-mail mobile phone

Does the athlete wish to have the insurance policy (see participation form)? no si Signature: _____