

LIABILITY WAIVER

I, the undersigned, hereby confirm the following:

I have adequate medical insurance to cover my participation during this event.

I, the undersigned, do hereby declare that I am in good physical and mental condition and I have not suffered from any injury, infection, or disability liable to affect my capacity to compete in the current ITF event.

I declare that I am physically fit, have sufficiently prepared, and trained for participation in this event, and have not been advised to not participate by a qualified medical professional. I declare that there are no health-related reasons or problems which preclude my participation in this activity.

I release the event promotor, TFA, ITFSA, ITF, ITF & ITFSA Leadership, ITF standing committees and ITF & ITFSA NGB's members, its servants/agents and umpires/referees from any claims and any loss, damage sustained while participating in the above-mentioned event.

I understand, and I am fully aware that I am participating in a contact sport and may, in the normal course of events, sustain an injury while competing.

I also agree that my attendance and/or performance may be photographed, filmed, or taped and used by ITF, event promotor and/or their respective authorised agents. I waive any compensation thereof.

I hereby undertake and agree to abide by all ITF Rules and Regulations including WADA Anti-Doping rules and agree to be tested if requested to do so.

I will treat all competitors, officials and referees with Respect, Integrity, Fair Play, and Honour.

I declare to have read and understood the content of this document and I sign it of my own free will.

Place:

Date:

Full name:

Signature: