

## WAIVER OF RIGHT DISCLOSURE AND RESPONSIBILITY COMMITMENT



Name and surname:.....

Team(Category/Name):...../.....

FIMBA License: .....

**1. GENERAL WAIVER:** As a condition of my participation in this championship, I hereby waive, on my own behalf or estate or personal representative, any and all rights, cause and claims for loss, damages or my death caused by negligence, active or passive, of the following; any officers, directors, agents, representatives, volunteers or employees of the Organizing Committee of this Championship, FIMBA, or the host facilities, meet sponsors, meet committees, attending medical personnel, or any individuals officiating at the meets or supervising such activities. I registered voluntary in this championship, and I am the only person responsible for any material or moral damage, injuries, permanent disability and/or death, that I cause for the others or to my person, realizing and forever discharging, for myself, my heirs, executors, administrators and assigns do hereby remise the Organizing Committee of this Championship, FIMBA and its employees, directors, staff, assistants, persons or bodies corporate, members, sponsors, other persons or entities participating or connected with them, of and from all manner of actions, cause of actions, claims of liability or demands in the present or future against them, for or by reason of entering and competing. I hereby declare my wish to participate in this championship.

**2. MEDIA RELEASE:** I hereby grant the Organizing Committee of this championship, FIMBA and their licenses the unconditional right to use, record, publish, broadcast and otherwise exploit at this discretion in any form of media, art advertising, trade, visual documentary, promotional material, merchandise or film coverage of any kind, my performance in the games and to use my name, likeness, voice and biographical in connection therewith, without compensation to me. I also waive the right to inspect and/or approve any product or the copy that may be used in connection therewith, or the use to which it may be applied.

**3. OBSERVATION OF RULES:** I agree to abide by all rules and regulation issued for this tournament, for the category, and observes all written and oral instructions given by authorized personnel of the Organizing Committee and FIMBA at the championship. I agree that failure to comply with the designated rules may result in my disqualification or expel from the games.

**4. PROOF OF AGE:** I acknowledge and agree that the players must have reached the age category before or during this calendar year. I accept that I will be required to provide a proof of age when it is required.

**5. DECLARATION OF HEALTH:** I declare as a player of Maxibasketball category that I am in good health condition to participate and compete in this tournament, and I prove it with the certificate of physical fitness that I give in this moment. I acknowledge that I am aware of all risks inherent in masters training and competition and that I accept personal responsibility for any injury, accident or illness, including possible permanent disability and death that I may suffer during the tournament. I declare knowing the temperatures of the region and voluntarily wish to participate in the championship.

**6. MEDICAL RELEASE:** In event I sustain an injury or illness while participating in the games, I hereby authorize attending medical personnel to perform and administer such emergency and non-emergency medical attention, as they, in their absolute discretion, deem necessary or desirable. I also consent to emergency and non-emergency treatment for myself and attending medical personnel to delegate any necessary treatment to any other medical practitioner nominated for the purpose. I hereby release all attending medical personnel from any and all claims, damages, and liability arising out of acts or omissions in connection with delivery of emergency or non-emergency medical treatment to me. I declare that I am responsible for the payment of any medical transport, medical costs and other medical services. The Organization Committee is not accountable for my injuries, damages and/or my health consequences. I hereby acknowledge that I am signing this document voluntarily and I understand the implications of my signature and agree to the conditions as describe above. By signing below, I certify that my answers and statements are true and complete to the best of my knowledge and belief. I understand the present waiver is under this country laws and in any case I hereby accept the justice of this city and this country.

**MEDICAL AND HEALTH INFORMATION:**

Please answer YES or NO to each of the following questions.  
For each YES answer, please explain and provide complete details. HAVE YOU been diagnosed with, treated for, or had treatment recommended within the last five (5) years for any of the following:

- 1. Heart or artery disease including heart attack, stroke, aneurysm, arteriosclerosis, chest pain, rheumatic fever or heart murmur? **NO YES**
- 2. Hypertension? **NO YES**
- 3. Musculoskeletal or neuromuscular problems? **NO YES**
- 4. Alcohol or substance abuse, mental/nervous disorders? **NO YES**
- 5. Diabetes or other endocrine problems? **NO YES**
- 6. Are you taking any medication (except antibiotics or contraceptives)? **NO YES**  
Inform which medication .....
- 7. Have you lost more than 20 pounds in the last year? **NO YES**  
Gained .....Lost .....
- 8. Have you been admitted to a hospital or had surgery in the past three (3) years? **NO YES**
- 9. Are you allergic to some medication? **NO YES**  
To which one?.....
- 10. Are you pregnant? **NO YES**

Do you have any other medical condition that has not been disclosed above? **NO YES**  
.....

I hereby acknowledge that I am signing this document voluntarily and I understand the implications of my signature and agree to the conditions as describe above. By signing below, I certify that my answers and statements are true and complete to the best of my knowledge and belief. I hereby waive and grant any and all rights above described.

**Date:** /April/2018

**Print name:** ..... **Signature:** .....