

Report of Insurance and Liability



Bring to registration :

Name of the organization:

Name of the Competitor:

Address of the Competitor:

I hereby agree that The Danish Taekwondo Federation decline any responsibility for any injuries occurred during the competition.

Do you have any health problems or medical conditions that could interfere with your participation in Taekwondo competitions? Yes (), no ()

If yes, please describe the problems here:

Date:

Signature of the Athlete or Guardian