



Annual Approval of Participation and Declaration of Health

First Name Last Name ID# or Passport# Phone Number Email Address

Declaration:

I the undersigned hereby agree to and acknowledge the following:

I would like to participate in events and activities (hereinafter: "events") organized by IFDA – The Israeli Flying Disc Association (hereinafter: "association") during the 2020-21 year events.

My signature below, or that of my legal guardian constitute full agreement to all provisions of this document.

I know that all the events of the association require physical fitness and physical exertion. I declare that to my knowledge my health allows participations in such events, and that I take full personal responsibility for any injury or damage to me and / or caused by me to another during participation in events of the association, and I will have no claim or right against the organizers of the competition and / or the association for injury and / or damage as stated.

I know that the organizers of the events and the association are not responsible for any damage, theft, loss or harm incurred to my property and / or the property of another which is in my possession during in events, for any reason. I declare that I have no claim or right against the organizers of events and / or the association for injury, damage and / or loss as stated.

I know that events have rules and standards that are published ahead of time on the association's web site and the player's web site. I agree to comply with all such rules and standards. I understand that if I fail to comply with the rules and standards event or association organizers may prevent me from attending any event without refund.

I hereby acknowledge that the association and its representatives may photograph, film and / or record me at association events and use this material for publication activities of the association. I approve this use with the understanding that the above materials will not be used in an inappropriate or exploitive manner. Authority is granted only to the association and the workers on its behalf.

I agree that the above is valid at any event organized by IFDA – The Israeli Flying Disc Association

Player's Name

Player's Signature

I, the undersigned, confirm the participation of _____ in events organized by IFDA – The Israeli Flying Disc Association.

Parent/Guardian Name

Parent/Guardian Paasport/ID#

Parent/Guardian Signature