

PERSONAL INDEMNIFICATION FORM

THIS INDEMNIFICATION, HOLD HARMLESS, RELEASE AND CONSENT NOT TO SUE executed this

on: _____ (insert date of signing).

I, the undersigned, certify that I will indemnify, hold harmless and release the World Taekwondo Europe, World Taekwondo and the Organizing Committee, its executive board members, directors, officers, members, employees, consultants, agents, attorneys, contractors (including without limitation sponsors, suppliers, licensees and other representatives (each, an “Indemnatee” and, collectively, “Indemnitees”), from and against any and all damages, injuries, penalties, fines, claims, suits, liabilities, costs, attorneys’ fees court costs and expenses of every kind and nature suffered by or asserted against the Indemnatee as a direct or indirect result of participating in the G1 Tallinn Open Taekwondo Tournament 2025 in the broadest sense of the word.

By signing and submitting the form below, I accept and agree to the terms and covenants contained in this Indemnification, hold harmless, release and consent not to sue. I verify that by signing and submitting this form, that I have read and agree to all of the terms and conditions provided above.

Name:

Date:

Signature:

In case the person involved is a minor, the legal guardian has to sign:

Name:

Relation towards the minor:

Date:

Signature:

LIABILITY DECLARATION

(only for under aged athletes)

My name:

I live in:

I am the parent/guardian of:

Date of birth (competitor): _____/_____/_____

I declare that I accept the participation of _____ at the G1 Tallinn Open Taekwondo Tournament 2025 on 15 April 2025 and that I accept all parts of the official invitation of this tournament.

For physical reasons nothing speaks against a participation of the aforementioned athlete, and I understand that all competitors are considered to participate at their own risk. Estonian Taekwondo Federation, and the Organizing Committee assume no responsibility for any damages, injuries or losses. All athletes must bring their own documents and the forms or any medical insurance in Tallinn, Estonia.

Place: _____

Date: _____

Signature of the parents/legal guardian:
