**Declaration of no contraindications to play rugby
and participation in the Krakow Sevens tournament**

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(Player’s name and surname)

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(Address)

......................................................................................................................................

I hereby declare that I am capable of participating in Krakow Sevens Tournament and there are no medical contraindications preventing me from participating in it and I start at my own risk.

I have read the rules of the competition, in particular with the information that the organizer as well as the Juvenia Krakow Rugby Club is not responsible for any unfortunate accidents during the competition.

...........................................................................

 Signature

This form must be shown upon registration for the tournament in Krakow 3rd September 2021.

Without the signed form, the abovementioned player will NOT be permitted to play in the tournament.

Received by …………………………………………………………………….. Date………………………

Signature ………………………………………………………………………….