**U18 Permission To Play & Medical Waiver Form**

Team: ……………………………..

*Medical & Personal Liability Waiver*: By signing this form, the parent/guardian of the player named releases, indemnifies and holds harmless Juvenia Krakow and its employees, agents and contractors from any claim, loss, injury or damage that arises from the player’s participation in the Krakow Sevens Tournament and hereby waives any such claim against Juvenia Krakow and its employees, agents and contractors.

U18 Player Name: ………………………………………………………………..

Parent/Guardian name: ……………………………………………………………..

Contact Phone Number: …………………………………………………………..

Relationship: Mother

Father

Guardian details………………………………………………………………………

Parent/Guardian Signature ……………………………………………………..

Date:………………………

This form must be shown upon registration for the tournament in Krakow 23rd September 2023.

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

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

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