Name and Surname: _____

Team: _____

Please read carefully as this document affects your legal status.

WRITE YOUR NAME AT THE TOP OF THE FORM AND SIGN AT THE BOTTOM.

I, the name above and the undersigned, hereby submit an application to participate in the competition "ADCC SLOVAK OPEN CHAMPIONSHIP 2025, which takes place in the Dukla Sports Hall at Cesta olympionikov 1271/28, 974 04 Banská Bystrica, Slovak Republic on 16. November 2025 in Banská Bystrica. I hereby assume full responsibility and liability for all injuries, damages and losses that may arise and occur while participating in or watching the tournament. I accept that in martial arts tournaments such as the one I will be participating in, serious injury and that death is a real possibility. I also agree that in the event of an injury I may become disabled and/or unable to work again. I accept that regardless of how the injuries may occur - whether they occur in due to the actions of the opponent, the condition of the arena, the behavior of the opponent, the referee or for any other reason - by signing this contract, I accept the risk of participating in the tournament and waive all claims for compensation that I or anyone acting in on my behalf or through me could claim against the organizer, sponsors, officials, referees, employees, representatives and others who participated in the ADCC SLOVAK OPEN CHAMPIONSHIP 2025 tournament in the Sports Hall Dukla, for injuries of any kind or other inconveniences that may occur as a result my competitiveness and/or inattention at the tournament.
I authorize the medics present at the tournament to take all necessary measures in case of injury. I further understand that there is a possibility that the media or other persons will cover the tournament and that it may be filmed and shown in any way in the media around the world. I hereby consent to viewing, publishing and/or commenting on my videos and do not expect or request any compensation.
I honestly declare that I am in good health, I do not have a respiratory tract infection (COVID-19) and I have not been in contact with a COVID-19 positive person for 14 days (2 weeks). I also declare that I am not currently nor will I be competing under the influence of any type of intoxicants or drugs and that no one associated with this tournament has influenced my decision to participate in the tournament.
I declare that I have read, understood and accepted each provision of this Release of Liability Agreement and that I am legally able to freely sign and accept the terms of this Release of Liability Agreement.
I also submit a valid medical examination by a sports doctor, which is not older than 6 months, to the organizers for review.

Banská Bystrica,_____ Signature: _____

FOR MINORS

I, _____, hereby certify that I am the parent or legal guardian of the above minor, that I have read, understood and accepted all provisions of this release of liability agreement and that I am legally competent to sign this agreement on behalf of the minor and on my own behalf.

Banská Bystrica,_____ Signature: _____