

FORM B

Consent Form

**To: Organizing Committee of
JKA European Championship for children, cadets and veterans
23rd and 24th May 2015 / Bochum - Germany**

I hereby consent that I will not claim any compensation for injury, which might occur at the JKA European Championships for children, cadets and veterans that will be held on 23rd and 24th May 2015, at Bochum / Germany.

Each contestant must carry personal health insurance and is responsible for his / her own health care and will have no claims to the tournament doctors

Name of Contestant:

(type or print in capital letters clearly)

Signature: _____ Date: _____

Address:

Name of Parent / Guardian:

(type or print in capital letters clearly)

Signature: _____ Date: _____

Country: _____

Note:

Type or print in capital letters clearly your name, and return this form to your manager. The manager must collect all this forms from the contestants of your country