

COMPETITOR STATEMENT

Competitor Information:	
Name:	
Club/Association:	
Place and Date of Birth:	
Address:	
vomiting, diarrhea, rash, j ear or nasal discharge, or a The undersigned further de 11, 2025, as a competitor of The undersigned acknow competition, they will be competition organizer or the In the case of female competition consent, the	ledges that if they suffer any injury or accident during the above-mentioned ear the consequences personally and will not make any claims against the
The undersigned is aware	and accepts that this consent may be revoked at any time through a written notice nowever, the revocation will only apply to the period following the withdrawal of
Budapest, 10 October 2023	5
Competitor's Signat	ure Parent/Legal Guardian Signature (if underage)