



# BATANG PINOY 2019



## WAIVER AND RELEASE FROM LIABILITY

I \_\_\_\_\_, (hereinafter called "*The Participant*") hereby agree to hold the Batang Pinoy 2019 Organizers, their officials, directors or any other person acting on their behalf, harmless from all actions, claims or demands of every type and character arising out of or in connection with the participation of The Participant in the Batang Pinoy 2019 (hereinafter called "*The Tournament*")

Furthermore, I agree that should I not have adequate insurance coverage to cover any cost or expenses that result from personal injury suffered by *The Participant* in connection with any activities associated with *The Tournament*, I will either acquire such coverage or be personally liable for any expenses incurred there from.

In emergency cases, I hereby grant permission to Batang Pinoy 2019 Organizers, their officials, directors or any other person acting on their behalf to seek any medical treatment they deem necessary for me.

\_\_\_\_\_  
Athlete's Signature over printed name

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Parent or Guardian / Signature over printed name

\_\_\_\_\_  
Date

### Contact Information (Very Important):

Parents / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Numbers:

Landline: \_\_\_\_\_ Cell: \_\_\_\_\_

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## MEDICAL CLEARANCE

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that *The Participant* mentioned herein underwent medical check-up and was diagnosed fit to compete in *The Tournament*.

\_\_\_\_\_  
LGU-designated Doctor or Family Doctor / Signature over printed name