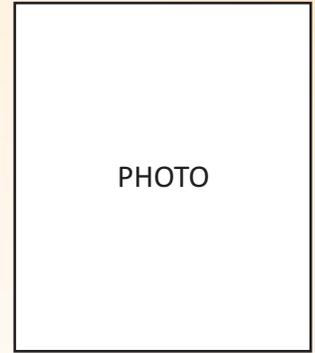




International Combat Games-2019

OFFICIAL REGISTRATION FORM

(Fill All Capital Letters)



To,
Executive Director
International Association of Combative Sports

NAME

FATHER/MOTHER'S NAME

ADDRESS

CITY/DISTRICT STATE

DATE OF BIRTH AGE SEX

E-MAIL PHONE/MOBILE

EDUCATION

SPORTS /GAMES EVENT

QUALIFICATION

ORGANIZATION NAME

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE, FURTHER, I DO HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE TO ME AGAINST THE INTERNATIONAL ASSOCIATION OF COMBATIVE SPORTS OR THEIR RESPECTIVE OFFICERS, AGENTS, REPRESENTATIVES, SUCCESSORS AND/OR ASSIGNS, FOR ANY AND ALL DAMAGES WHICH MAY BE SUSTAINED AND SUFFERED BY ME IN CONNECTION WITH MY ASSOCIATION WITH OR ENTRY IN THE SPORTS ACTIVITIES ASSOCIATED WITH IACS-INDIA. IN ADDITION, BY MY SIGNATURE, I CERTIFY I UNDERSTAND THAT SUBMISSION OF A COMPLETED APPLICATION AND THE APPROPRIATE

SIGNATURE _____ NAME _____

DATE _____ PLACE _____

FOR OFFICE USE ONLY:-

REGISTRATION NO _____

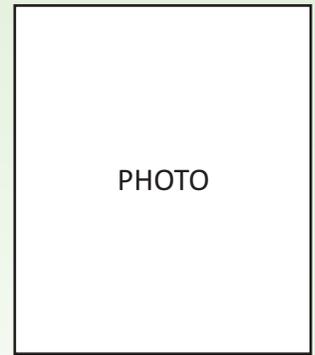
AUTHORIZED SIGNATURE _____ DATE _____



International Combat Games-2019

ATHLETE REGISTRATION FORM

(Fill All Capital Letters)



To,
Executive Director
International Association of Combative Sports

NAME																												
FATHER/MOTHER'S NAME																												
ADDRESS																												
CITY/DISTRICT											STATE																	
DATE OF BIRTH							AGE				SEX																	
E-MAIL													PHONE/MOBILE															
EDUCATION							INSTITUTION																					
SPORTS /GAMES											EVENT																	
CATEGORY													WEIGHT															
INSTRUCTOR NAME													CONTACT No.															

DECLARATION: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE, FURTHER, I DO HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE TO ME AGAINST THE INTERNATIONAL ASSOCIATION OF COMBATIVE SPORTS OR THEIR RESPECTIVE OFFICERS, AGENTS, REPRESENTATIVES, SUCCESSORS AND/OR ASSIGNS, FOR ANY AND ALL DAMAGES WHICH MAY BE SUSTAINED AND SUFFERED BY ME IN CONNECTION WITH MY ASSOCIATION WITH OR ENTRY IN THE SPORTS ACTIVITIES ASSOCIATED WITH IACS-INDIA. IN ADDITION, BY MY SIGNATURE, I CERTIFY I UNDERSTAND THAT SUBMISSION OF A COMPLETED APPLICATION AND THE APPROPRIATE

OATH: I UNDERSIGN DO HEREBY VOLUNTARILY SUBMIT MY APPLICATION FOR PARTICIPATION IN THE INTERNATIONAL COMBAT GAMES-2019 AT NEW DELHI ON DATE 22-24 NOVEMBER 2019 AND DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES OR LOSSES THAT I MAY SUSTAIN OR INCUR, IF ANY WHILE PARTICIPATING OR ATTENDING AND HERE BY WAIVE ALL CLAIMS AGAINST THE PROMOTERS, SPONSORS, OPERATORS, JUDGES, OFFICIALS, OPPONENTS AND OTHER FAMILIES, INDIVIDUALLY OR OTHERWISE, FOR ANY CLAIMS FOR INJURIES THAT I MAY SUSTAIN, I FULLY UNDERSTAND THAT ALL MARTIAL ART GAMES ARE BODY/PHYSICALLY/MENTALLY CONTACT GAME, AND THAT MY MEDICAL TREATMENT GIVEN ME WILL BE OF A FIRST AID TYPE ONLY, I FURTHER SUBMIT THAT I AM IN GOOD PHYSICAL CONDITION TO PARTICIPATE IN THIS EVENT.

SIGNATURE _____ NAME _____

SIGNATURE OF PARENTS/GUARDAIN _____ NAME _____

(In Case of Minor)

DATE _____ PLACE _____

FOR OFFICE USE ONLY:-

REGISTRATION NO _____

AUTHORIZED SIGNATURE _____ DATE _____