



WORLD CUP W.K.B 2019



PARENT'S PERMIT (for children under 18)

THE LORD / THE LADY

Is the parent or guardian of the competitor

Authorizes to participate in World Cup W.K.B Chile on October 19, 2019, in the National Stadium Sports Center located, Av. Pedro de Valdivia 4801, Ñuñoa, Metropolitan Region Avoid any responsibility to the organizers of any event that occurred during the participation in the aforementioned tournament. And so I report that my son / daughter has a medical insurance, which will cover any possible injury that may occur during the competition and declare that I and my son / daughter know the rules of the competition of this Championship.

I also authorize the Tournament Organization, or its designated representative, to capture photographic images during the course of this event and may at its sole discretion use it for advertising or promotional purposes.

To make the declaration of my agreement I sign this document in;

School _____

Date _____

Parent or Guardian

FIRM _____



WORLD CUP W.K.B 2019



Participated voluntarily in World Cup W.K.B Chile on October 19, 2019, in the National Stadium Sports Center located, Av. Pedro de Valdivia 4801, Ñuñoa, Metropolitan Region Excused of all responsibility to the organizers of W.K.B for any event that occurred during my participation in the aforementioned tournament. And so I inform that I have medical insurance, which will cover any possible injury that may occur during the competition and I declare that I know the rules of the competition of this Championship.

I also authorize the Tournament Organization, or its designated representative, to capture photographic images during the course of this event and may at its sole discretion use it for advertising or promotional purposes.

To make the declaration of my agreement I sign this document in;

School _____

Date _____

Firm _____