This DECLARATION OF CONSENT and DATA PROTECTION must be completed, signed and <u>sent by your COACH</u> to ITF of B.C. Tournament Director (tournament@itfofbc.org) no later than March 25, 2024 for each participant.

DECLARATION OF CONSENT and DATA PROTECTION to participate in the 2024 ITF Taekwon-Do B.C. Cup

| I (Print Competitor First Name & Last Name) | | |
|---|--|---|
| Residing at: (home address) | | |
| De 1. | Declare that: I. I am age 19 years or older or the Parent/Guardian of the Registrant, agr | eeing to terms on his/her behalf. |
| 2. | | |
| 3. | ully understand that there is a risk of injury due to the nature of the Tournament, and I voluntarily assume all k. | |
| 4. 5. | administrators, and assigns, hereby forever release, discharge and hold harmless Family Taekwon-do. International Taekwon-Do, the International Taekwon-Do Federation of BC (ITF of BC), the Canadian Taekwon-Do Federation International (CTFI), the International Taekwon-Do Federation (ITF), their representatives, heirs, administrators, directors, officers, employees, agents and any and all promoters, sponsors, administrators, volunteers, officials and participants in this Tournament, for any injury, loss, or damage to my person or property howsoever caused, arising out of or in connection with my taking part in this Tournament. | |
| 7. | Technology, where it must be stored, archived and published on the Internet. Declaration on data protection: I agree without restriction that my first and last name, my date of birth, my personal photo, my gender and my Taekwon-Do rank may be transmitted to Sportdata Event Technology (https://www.sportdata.org) and stored, published, and later archived for the purpose of the above event. I also agree without restriction that all entry lists, competition lists and results lists of the above mentioned event on which my name (first and last name) is written, will be published on the website of Sportdata Event Technology (https://www.sportdata.org) and the ITF of BC website (itfofbc.org) | |
| Sig | Signature Da | de e |
| | For participants under age 19 years: As the parent or legal guardian of the and declaration and consent to all terms and conditions. | above minor, I confirm that I have read |
| Na | Names of Parent/guardian | |
| Signature of Parent/guardian | | re |