

Support Person Registration Form for Teams

CYBATHLON Wheelchair Series Japan 2019


Please use this form to register your supporting persons (i.e. team member). One form for every supporting person must be completed.

Team Information

1	Team	
1.1	Team name (same as in Series Registration Form for Teams)	
2	Supporting person	
2.1	FAMILY name	
2.2	First name, middle name	
2.3	Name of organisation, unit, laboratory	
2.4	Role	<input type="checkbox"/> general supporting person <input type="checkbox"/> care person
2.5	Email address may be disclosed for event related media purposes, sponsors, or public	<input type="checkbox"/> yes, I allow disclosure <input type="checkbox"/> no, I do not allow disclosure

Now and hereafter

I, the undersigned, supporting the team

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*(please write team name here) in the CYBATHLON Wheelchair Series Japan 2019 and its preparation stage **acknowledge** herewith that my participation in the event involves risks inherent in such an event with prototypes. I **assume all the risks** of the CYBATHLON Wheelchair Series Japan 2019 in Kawasaki and its preparation stage, including health and personal safety risks. Furthermore, **I am obligated to follow** the instructions given by the CYBATHLON Series organisers at all time.*

In any case, insurance is the team officials' own responsibility. The team officials will be asked on-site to sign a registration sheet, including insurance statements. If that document is signed, the CYBATHLON Series organisers must and will assume that adequate insurance coverage has been obtained as requested.

For the avoidance of doubt, participation in the CYBATHLON Wheelchair Series Japan 2019 is governed by Japanese law.

Therefore, in consideration of the risks, I, the undersigned supporter, intending to be legally bound, consent to the assumption of such risks. I confirm that the content of this form is true and complete.

Support Person Registration Form

Please send both an electronic AND a printed, signed (wet ink) and scanned copy by email to teams@cyathlon.com.



Date



Place



Name and signature of support
person
