



DISCLAIMER

I hereby declare that I fully understand the need for presenting a valid health certificate from Cyprus Sports Authority (ASYA/KOA) for me / my child, as a requirement for participating in the “**NSA Squash Team Championship 2023**” and I also fully understand the risks and hazards arising from participating without a valid health certificate as they were clearly explained to me by the organizers. Still, choosing not to do so, I hereby submit this statement relieving the organizers and sponsors of any liability with respect to accidents and injuries that might occur during the event.

Name:

ID/Passport number:

Signature:
(in the case of minors, the Parent or guardian should sign)

Date: