

Attachment no.3

INTERNATIONAL GRAPPLING FEDERATION

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 E-mail : info@grappling.lt, Website: www.grapplingfederation.com,

 Bank: AB Luminor bank, Account No. IBAN: LT464010051002235903, SWIFT: AGBLLT2X

Event: WORLD GRAPPLING IGF CHAMPIONSHIP

Date: 2018-10-26/29 10:00:00

Venue: Lietuvos rytas arena, Ozo str. 14 A, Vilnius/Lithuania

 COACH, TEAM LEADER FORM

## Name, surname: Club:

Birth date:

Country: City:

Phone: E-mail:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby submit my application to the IGF (International grappling federation) regarding the issue of card to participate in the tournament. I am aware and agree with IGF regulations and provisions of the tournament and fully understand the risk of the tournament for my athletes health. I confirm that my athletes are in good health and agree to follow World Anti-Doping Code and use no prohibited substances. I fully understand my position as coach and team leader. I will be requires to be with athletes troughout the championship.

 I agree that I may be photographed or video recorded during the tournament and that it may be broadcastall over the world. I hereby give my consent to having my likeness shown, publicized, commented and/or reported, and I will not complain about it to the organizers.

I have read and understood every provision of this release. I am legally competent and sign this application freely. By signing this application accept full responsibility for any risks and agree not to hold the organizers of this tournament liable for any risks that may happen to me.

 Coach, team leader

 Name, surname signature: date:

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