Participant's receipt of personal responsibility for their health

I (FULL NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

IIN (if available) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity document №\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a participant in the Alatau 2025 International Tournament among masters in athletics on July 6-8, 2025 in Almaty (hereinafter referred to as the Competition), being in my right mind and solid memory, I am clearly aware of all the risks associated with participating in Competitions, I bear full personal responsibility for my health, physical condition and all possible consequences that may come to the detriment of my health during the Competition. I have no complaints about the organizers of the Competition.

2025 "\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_