



EUROPEAN SKATEBOARD CHAMPIONSHIPS / Presented by carhartt.

5.- 8. AUGUST 2010 / BASEL / SWITZERLAND / WWW.SKATEBOARDEUROPE.COM / PHONE +41 79 341 93 13

SIGN UP FORM

PLEASE PRINT THIS FORM AND TAKE IT WITH YOU TO THE EVENT. DONT FORGET TO LET YOUR PARENTS SIGN IT. IF YOU ARE UNDER 18!

PERSONAL INFORMATION

First name		Last name		Heat N°
Street, Address				
City	Zip	Country		
Birthdate (dd/mm/yy)	Age	Sex male <input type="checkbox"/> female <input type="checkbox"/>		
Email		Phone number		
Facebook		Web page		

SKATEBOARDER'S PROFILE

Disciplines Street <input type="checkbox"/> Miniramp <input type="checkbox"/> Girls Street <input type="checkbox"/>				
Sponsors				
Music preferences Punk <input type="checkbox"/> Hip Hop <input type="checkbox"/> Reggae <input type="checkbox"/> Pop <input type="checkbox"/> Disco <input type="checkbox"/>				

First Name	Last Name
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Make following declaration:
 Identification of Risk - I am fully aware and conscious of the danger involved in the participation of all at the adidas skateboard clash scheduled sports, be it during practice runs or during the actual competition. I know and accept, that by engaging in such competitive sports, life and physical safety could be endangered.
 Personal Liability - I understand that I may be found personally liable to third parties for damages arising from bodily injury or property damage they have suffered as a result of my participation in practice or competition.
 Dispute Resolution - I agree that prior to commencing a claim in any court of competent jurisdiction, I shall first submit my claim before an Arbitration Court. In case I am not in agreement with the decision of this Court, I am free to bring or re-institute any such claim before a Court of competent jurisdiction in Berlin, Germany.
 Therefore, as the Athlete named on this form, I certify that I have read and fill carefully this form. I certify that I am fully insured to injuries to myself and other competing in this contest. I certify that my accident insurance cover all the risk that I encountered in such competition. I accept that the footage of the event will be used for unlimited TV-productions, news satellites and tv-stations internationally without my approval. I am aware that this inscription form is not a guarantee to take part in this competition. I have read and hereby agree to the above declaration and certify that the information I provide the organizer are correct.

Location	Date	Signature
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For athlete of minority age (under the age of 18): this is to certify that, as parent/guardian of this athlete, I certify his/her agreement to the athlete declaration.

Full Name	Relationship	Date	Signature of Parent / Guardian
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