**DECLARATION OF HEALTH**

**According to UIPM Rules all members of attending delegations should insure themselves in case of accidental injury or illness. The organizer will not accept any responsibility financial or other, for any loss, injury or illness of any member of the delegation.**

Undersigned,

Surname:

First names:

Date of birth:

I hereby confirm that I take part in the ****** Hungarian Indoor Competiton, held in Budapest 28-31, January 2019 on my own responsability.

Furthermore I hereby confirm that my health status allows me to participate in the upper mentioned Modern Pentathlon competition.

Insurance proof, in case it is available, should be shown at registration.

signature