

DISCLAIMER AND CONSENT TO PARTICIPATE IN TOMAS SUMMER CAMP 2025.

I, the undersigned, acknowledge and agree to participate in the Tomas Summer Camp to be held from August 20 to 27, 2025 in Split, organized by Tomas tkd d.o.o. and their affiliated representatives.

I understand that taekwondo is a physical activity that carries inherent risks, including, but not limited to, the risk of injury and other unforeseen incidents, and I accept full responsibility for any personal injury, loss, damage, or other inconvenience that may arise during my participation in this camp.

I accept and am aware that participation in all camp activities, including training, fighting, physical exercises, games and other similar activities, involves the following risks: physical injuries such as sprains, cuts or bruises, serious physical injuries: fractures, concussions, including permanent disability or paralysis, material damage to personal property, fatal accidents due to unforeseen circumstances.

I confirm that I am physically fit and able to participate in the camp activities. I also confirm that I have informed the organizers of any existing health or medical conditions that may affect my ability to participate in the camp. If at any time during the camp I feel that I am unable to continue participating or that there is a danger to my health, I undertake to immediately inform the organizers.

By signing this form, I accept all risks associated with participating in the Tomas Summer Camp 2025 and agree that Tomas tkd d.o.o., their employees, coaches and all related representatives shall not be liable for any physical injury, material damage or fatal accident that may occur during my participation, within the meaning of Article 1054 of the Obligations Act.

Furthermore, I undertake not to initiate any judicial or extrajudicial proceedings against Tomas tkd d.o.o., their board members, employees, coaches, volunteers and other representatives in the above cases. I also expressly authorize the medical staff to provide the necessary first aid in the event of injury or illness, and if necessary, organize emergency medical assistance. I accept responsibility for all medical expenses that may arise as a result of my participation in the Tomas Summer Camp.

I confirm that I have read and understood all the terms of this disclaimer and that I am aware of all the risks associated with my participation in the camp. If the participant is under 18 years of age, a parent/guardian must sign.

Participant Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____