

ENTRY/ELIGIBILITY CONDITIONS FORM

PLAYER - TEAM CAPTAIN/ADVICE GIVER (HENCEFORTH "PARTICIPANT")

NATIONAL GOLF AUTHORITY (NGA) [REDACTED]	DATE OF BIRTH (DAY/MONTH/YEAR) [REDACTED]
FAMILY NAME [REDACTED]	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FIRST NAME [REDACTED]	<input type="checkbox"/> PLAYER <input type="checkbox"/> TEAM CAPTAIN/ADVICE GIVER
<input type="checkbox"/> EUROPEAN TEAM CHAMPIONSHIP FOR GOLFERS WITH DISABILITY	
<input type="checkbox"/> EUROPEAN NATIONS' CUP FOR GOLFERS WITH DISABILITY	

- Understanding that as a participant in the European Team Championship for Golfers with Disability (ETCGD), including the European Nations' Cup for Golfers with Disability, in 2024, I am participating in an exceptional event and, in consideration of the acceptance of my participation therein, I agree to be filmed, televised, photographed, identified and otherwise recorded during the ETCGD under the conditions and for the purposes now or hereafter authorised by the European Golf Association (EGA) in relation to the promotion of the ETCGD and the EGA.
- I declare that I have read and that I have full knowledge of the provisions of the Terms of Competition and that I agree to comply with all such provisions. I further agree to comply with the provisions of the International Golf Federation's Anti-Doping Policy in force at the time of the ETCGD.
- I declare that I have full knowledge of all such provisions and that all provisions applicable to my participation in the ETCGD have been specifically brought to my attention by my National Golf Authority (NGA) and are specifically approved by me.
- I agree that all photographs and moving images taken by me at the ETCGD shall be used solely for personal and non-commercial purposes, unless prior written consent is obtained from the EGA.
- I acknowledge and agree that:
 - I participate in the ETCGD at my own risk and that I will take all reasonable measures to protect myself from the risks of participation;
 - I am responsible for all property I bring into the ETCGD sites and that the EGA shall have no responsibility for any loss or damage to this property.
- I irrevocably release the EGA (and their respective members, directors, officers, employees, volunteers, contractors or agents) from any liability (to the extent permitted by law) for any loss, injury or damage that I may suffer in relation to my participation in the ETCGD.
- I agree that any dispute, controversy or claim arising from, in connection with, or on the occasion of the ETCGD, not resolved after exhaustion of the legal remedies established by my NGA and the EGA, shall be submitted exclusively to the Court of Arbitration for Sport (CAS) in Lausanne, Switzerland, for final and binding arbitration in accordance with the Code of Sports-related Arbitration. The seat of arbitration shall be at Lausanne, Switzerland. The CAS shall rule on its jurisdiction and shall have the exclusive power to order provisional and conservatory measures. The decisions of the CAS shall be final, binding and non-appealable. I shall not, and I hereby waive my right to, institute any claim, arbitration or litigation, or seek any other form of relief in any other court or tribunal.
- I acknowledge and agree that my participation in the ETCGD is conditional on my valid acceptance of and my compliance with each and all of the provisions of this Entry/Eligibility Conditions Form.
- The NGA hereby certifies and guarantees that all the relevant rules, including all those referred to above, have been brought to the notice of the participant.

PARTICIPANT SIGNATURE

[REDACTED]

DATE

[REDACTED]

NGA SIGNATURE AND STAMP

[REDACTED]

DATE

[REDACTED]

For minors, the following page must also be completed

PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT FOR MINORS

NOTE: This section of the Entry/Eligibility Conditions Form must be completed and signed by the parent/guardian of a participant who has not reached the age of majority under the applicable national laws and regulations of his/her country of citizenship. Failure to fill in this form will result in the participant not being accepted to participate in the ETCGD.

PARTICULARS OF PARTICIPANT'S PARENT/LEGAL GUARDIAN

FAMILY NAME OF PARENT/LEGAL GUARDIAN	PASSPORT NUMBER OF PARTICIPANT
<input type="text"/>	<input type="text"/>
FIRST NAME OF PARENT/LEGAL GUARDIAN	ADDRESS
<input type="text"/>	<input type="text"/>
FAMILY NAME & FIRST NAME OF PARTICIPANT	
<input type="text"/>	

I confirm that I am the Parent/Legal Guardian of the participant named in this Entry/Eligibility Conditions Form and that:

1. I consent to the participant taking part in the European Team Championship for Golfers with Disability (ETCGD), including the Nations' Cup, and signing this Entry/Eligibility Conditions Form. Furthermore, I undertake to ensure that the participant will comply with the terms and conditions of this Entry/Eligibility Conditions Form and the Terms of Competition.
2. I confirm that:
 - a. I have read and understood this Entry/Eligibility Conditions Form and the Terms of Competition, and have fully explained to the participant the terms and effects of them;
 - b. the participant has read this Entry/Eligibility Conditions Form and the Terms of Competition and, together with the benefit of my explanation, understands its terms and effects;
 - c. I consent to and approve all provisions of the Entry/Eligibility Conditions Form and undertake to ensure that the participant shall honour his/her obligations under the Entry/Eligibility Conditions Form;
 - d. I have notified the participant's National Golf Authority (NGA) of any specific medical condition or need of the participant.
3. **Authority of Team Captain:** I hereby irrevocably authorise the Team Captain to sign any consent forms or waivers of liability for medical treatment (including, but not limited to, x-ray examinations, anaesthetic medical or surgical diagnosis, treatments or procedures) to be administered to the participant in the case of any injury or illness whilst the participant is in the host country for the ETCGD.
4. **Release and Waiver:** In consideration of the acceptance by the EGA to the participant taking part in the ETCGD, I irrevocably release the EGA (and their respective members, directors, officers, employees, volunteers, contractors or agents) from any liability (to the extent permitted by law) for any kind of loss, injury or damage that the participant may suffer or be exposed to in connection with:
 - a. the participant's involvement in the ETCGD or
 - b. any medical treatment administered to the participant whilst the participant is in the host country during the course of the ETCGD.
5. **Arbitration:** I agree that any dispute, controversy or claim arising from or in connection with this consent and authorisation which cannot be settled amicably shall be submitted exclusively to the Court of Arbitration for Sport (CAS) in Lausanne, Switzerland, for final and binding arbitration in accordance with the Code of Sports related Arbitration. The seat of arbitration shall be at Lausanne, Switzerland. The decisions of the CAS shall be final, binding and non-appealable. I shall not, and I hereby waive my right to, institute any claim, arbitration or litigation, or seek any other form of relief in any other court or tribunal.

Read and agreed by the Parent/Legal Guardian

SIGNATURE OF:

FATHER MOTHER LEGAL GUARDIAN

DATE