

AFFIDAVIT INSURANCE FORM

This affidavit, duly completed and signed, is to be delivered to:

The WBSC Europe Technical Delegate at the Technical Meeting before each Baseball5 European Competition.

COMPETITION : _____ TEAM : _____

We undersigned,

Name, Surname : _____

Title or Function : _____

Legal Representative of :

the Federation : _____ (in case of Championship)

the Club : _____ (in case of Cup Competition)

certify that :

All Members of our Team are covered by insurance for participation to sport competition in accordance with the national legal requirements of the Country of our National Federation of belonging, this including civil responsibility, personal injuries, medical treatment and specific protection of minor players.

We assume the entire civil, penal, and disciplinary responsibility in case of violation of the above mentioned provisions or of wrong or inaccurate declaration.

Date :

Signature and Seal :

**A TEAM THAT FAILS TO REMIT THIS AFFIDAVIT WILL NOT BE
ACCEPTED IN THE COMPETITION**