



**DS BATTLE: SQUAD WARS
OFFICIAL ENTRY & WAIVER FORM**

FULL NAME: _____

BATTLER NAME: _____

AGE: _____

EMAIL ADDRESS: _____

MOBILE NUMBER: _____

In consideration of my entry, I, the undersigned, release and forever discharge A.C.T.S. Events Co. (herein referred to as Organizing Committee), its officers, agents, representatives, employees and all other members from liabilities, claims, damages, or cost that we may have against them arising out of, or in any way connected with our participation in the DS BATTLE: SQUAD WARS. I understand this waiver includes claims based on negligence, action or inaction of any above parties. I assume all risk of injuries, and losses, which may result from or in connection with my participation in the competition. I have guaranteed that I am capable of performing stunts and moves incorporated in my performance and I assume full responsibility for all my actions during and in connection to the competition. I fully recognize the difficulties of the competition and declare that I am physically fit and able to participate in this competition safely, and not have been told otherwise by a medical qualified person.

Furthermore, I hereby give my consent the access to my personal information submitted in order to qualify for the competition, provided that the Organizers will keep all information confidential. I also give consent to the taking of my photographs, video, and statements, or the mention of my name during or in connection to the competition, and consent also to use the video submitted to be used without limitation by the Organizing Committee for promotional and event proper purposes.

I hereby carefully read this form and agree to abide by all rules and directions of the Organizing Committee during the competition.

NAME & SIGNATURE OF PARTICIPANT: _____

DATE: _____