



### NATIONAL TEAM SQUAD

**IMPORTANT:** The Accreditation form should be sent to [vika@epbf.net](mailto:vika@epbf.net) not later than 1 week prior the event. Pictures for each player should be attached in the e-mail.

**Picture requirements:** JPEG, 300 dpi, 3x4cm, 50-300 Kb, portrait format. Specify the file name for each player.

**PLAYER #1**

PLAYER FULL NAME \_\_\_\_\_

PLAYER # \_\_\_\_\_ GENDER  MALE  FEMALE BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

CITIZENSHIP \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

LOCAL TEAM NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

PICTURE FILE NAME \_\_\_\_\_  
(NAME OF THE FILE IN ATTACHMENT)

**PLAYER #2**

PLAYER FULL NAME \_\_\_\_\_

PLAYER # \_\_\_\_\_ GENDER  MALE  FEMALE BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

CITIZENSHIP \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

LOCAL TEAM NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

PICTURE FILE NAME \_\_\_\_\_  
(NAME OF THE FILE IN ATTACHMENT)

**PLAYER #3**

PLAYER FULL NAME \_\_\_\_\_

PLAYER # \_\_\_\_\_ GENDER  MALE  FEMALE BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

CITIZENSHIP \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

LOCAL TEAM NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

PICTURE FILE NAME \_\_\_\_\_  
(NAME OF THE FILE IN ATTACHMENT)

**PLAYER #4**

PLAYER FULL NAME \_\_\_\_\_

PLAYER # \_\_\_\_\_ GENDER  MALE  FEMALE BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

CITIZENSHIP \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

LOCAL TEAM NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

PICTURE FILE NAME \_\_\_\_\_  
(NAME OF THE FILE IN ATTACHMENT)



**PLAYER #5**

PLAYER FULL NAME \_\_\_\_\_

PLAYER # \_\_\_\_\_ GENDER [ ] MALE BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 [ ] FEMALE DAY MONTH YEAR

CITIZENSHIP \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

LOCAL TEAM NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

PICTURE FILE NAME \_\_\_\_\_  
 (NAME OF THE FILE IN ATTACHMENT)

**PLAYER #6**

PLAYER FULL NAME \_\_\_\_\_

PLAYER # \_\_\_\_\_ GENDER [ ] MALE BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 [ ] FEMALE DAY MONTH YEAR

CITIZENSHIP \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

LOCAL TEAM NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

PICTURE FILE NAME \_\_\_\_\_  
 (NAME OF THE FILE IN ATTACHMENT)

**PLAYER #7**

PLAYER FULL NAME \_\_\_\_\_

PLAYER # \_\_\_\_\_ GENDER [ ] MALE BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 [ ] FEMALE DAY MONTH YEAR

CITIZENSHIP \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

LOCAL TEAM NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

PICTURE FILE NAME \_\_\_\_\_  
 (NAME OF THE FILE IN ATTACHMENT)

**PLAYER #8**

PLAYER FULL NAME \_\_\_\_\_

PLAYER # \_\_\_\_\_ GENDER [ ] MALE BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 [ ] FEMALE DAY MONTH YEAR

CITIZENSHIP \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

LOCAL TEAM NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

PICTURE FILE NAME \_\_\_\_\_  
 (NAME OF THE FILE IN ATTACHMENT)

**PLAYER #9**

PLAYER FULL NAME \_\_\_\_\_

PLAYER # \_\_\_\_\_ GENDER [ ] MALE BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 [ ] FEMALE DAY MONTH YEAR

CITIZENSHIP \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

LOCAL TEAM NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

PICTURE FILE NAME \_\_\_\_\_  
 (NAME OF THE FILE IN ATTACHMENT)



**PLAYER #10**

PLAYER FULL NAME \_\_\_\_\_

PLAYER # \_\_\_\_\_ GENDER  MALE  FEMALE BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

CITIZENSHIP \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

LOCAL TEAM NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

PICTURE FILE NAME \_\_\_\_\_  
(NAME OF THE FILE IN ATTACHMENT)

**PLAYER #11**

PLAYER FULL NAME \_\_\_\_\_

PLAYER # \_\_\_\_\_ GENDER  MALE  FEMALE BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

CITIZENSHIP \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

LOCAL TEAM NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

PICTURE FILE NAME \_\_\_\_\_  
(NAME OF THE FILE IN ATTACHMENT)

**PLAYER #12**

PLAYER FULL NAME \_\_\_\_\_

PLAYER # \_\_\_\_\_ GENDER  MALE  FEMALE BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

CITIZENSHIP \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

LOCAL TEAM NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

PICTURE FILE NAME \_\_\_\_\_  
(NAME OF THE FILE IN ATTACHMENT)

**TEAM CREW**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_



## LIABILITY VAIWER

**In consideration** of being permitted to participate as a player, referee, or in any other way in paintball activities sanctioned by the UPBF/EPBF, I acknowledge and agree that:

1. **The risk** of injury in paintball activities is significant, including the potential for permanent disability and death. Although protective equipment and personal discipline may reduce this risk, the risk of serious injury and death remains. I knowingly and freely assume all such risks, known and unknown, even if arising from the ordinary and gross negligence of persons released from liability below, and assume full responsibility for my participation.
2. **I understand** that the activities of paintball are physically and mentally intense. I understand the rules of play and will comply with all rules relating to the activity and rulings of the officials. Notwithstanding the foregoing, if I observe any unusual or unnecessary hazard during my participation, I will avoid the hazard and promptly bring it to the immediate attention of the nearest activity official. I realize paintball is only a sport and that my responsibility to myself and others for my safety is paramount, and I will refuse to participate in any manner which I believe may include any unusual or unnecessary hazardous condition even if it may result in my disqualification. If I am a referee or other official, I will interpret and enforce the rules to avoid unusual or unnecessary hazardous conditions.
3. **I will** only use paintballs which are water soluble, non-staining, and otherwise conform with ASTM F-1979 standard specifications.
4. **I, for myself and on behalf of my heirs, assigns, personal representatives, relatives, and anyone claiming through me, hereby release and hold harmless from liability the UPBF/EPBF, the owners or lessors of premises and facilities used to conduct the paintball activities, and all of their officers, officials, agents, independent contractors and/or employees ("releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the ordinary or gross negligence of the releasees or otherwise, except that which is the result of intentional misconduct or other conduct for which such a release is invalid as a matter of law. I shall defend and indemnify the releasees from all claims brought against them which have been released by this Agreement or which arise from the breach of my obligations under this Agreement. This Agreement is for the benefit of the releasees only.**
5. **I consent** to the use of my name, biographical and statistical information, voice and likeness on or in connection with any print media, DVD, tape, web cast, radio, or television program relating to any activities by UPBF/EPBF, any advertising, publicizing or other such commercial use ("Publicity") of such program as may be designation by UPBF/EPBF. I waive all rights to compensation for Publicity. UPBF/EPBF and its sublicensees and assigns may use, reproduce or otherwise disseminate or publish Publicity, directly or indirectly, for any commercial or other legitimate purpose in any manner and at any time desired.
6. **This Agreement** covers each and every paintball activity in which I have participated in the past and may participate hereafter.
7. **This Agreement** is governed by the law of France. I consent to the exclusive jurisdiction of the courts of France to resolve any issue related to or arising under this Agreement or my participation.

I have read this release of liability, assumption of risk, indemnity and publicity agreement, fully understand its terms, understand that have given up substantial rights by signing it, and sign it freely and voluntarily without any representation or warranty.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT:** THE SIGNED PARENTAL CONCENT FORM SHOULD BE PROVIDED FOR ANY PLAYER YOUNGER THEN 16 YEARS OLD (see below).



PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
(for players younger than 16 years old)

PARTICIPANT'S NAME:
BIRTH DATE:
SEX:

PARENT/GUARDIAN'S NAME:
HOME ADDRESS:
HOME PHONE:
MOBILE PHONE:

I, (name of parent or guardian) grant permission for my child (name of child) to participate in organized by European Paintball Federation (EPBF), which will be held in on This activity will take place under the guidance and direction of UPBF/EPBF representatives.

A brief description of the activity follows:
Type of event or activity: Paintball tournament
Destination of event or activity:
Individual in charge or and responsible:
Estimated time of activity:

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant").

I agree on behalf of myself, my child's other parent if known or living (name of parent), my child named herein, to hold harmless and defend UPBF/EPBF representatives, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the UPBF/EPBF representatives, or representatives associated with the event, arising from or in connection with my child's attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the UPBF/EPBF representatives, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature Date

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

NAME & RELATIONSHIP: PHONE:
FAMILY DOCTOR PHONE:
FAMILY HEALTH PLAN CARRIER POLICY NUMBER:

Signature Date