

## CONSENT FORM FOR PARTICIPATION – ADULT COMPETITOR

**Event Name:** IKO Bushido Cup 2025

**Event Date:** 20.09.2025

**Event Location:** Międzyrzec Podlaski

I, the undersigned:

**Full name of the participant:** .....

**Date of birth:** .....

**Address:** .....

**Contact phone number:** .....

**Sports club:** .....

hereby declare my consent to participate in the **IKO Bushido Cup 2025**.

I confirm that I am in good health and that there are no medical conditions preventing me from taking part in the competition. I take full responsibility for my participation in the tournament.

Furthermore, I consent to the processing of my personal data for purposes necessary to organize the event, in accordance with the General Data Protection Regulation (GDPR – Regulation (EU) 2016/679), and I grant permission for my image to be used in promotional materials and event coverage (photos, videos, results, etc.).

.....  
**Participant's signature**

**Date:** .....