|  |  |
| --- | --- |
| **I, the undersigned** (full name of Attendee) | First name: Click or tap here to enter text. Last name: Click or tap here to enter text. |
| **born on** (dd/mm/yyyy) | Click or tap here to enter text. Gender: M [ ]  F [ ]  |
| **Residing at** (full address at Event) | Click or tap here to enter text. |
| **Phone number** | Click or tap here to enter text. |
| **Home Address** (full address) | Click or tap here to enter text. |
| **To be entered as** (Competitor, Referee, Judge, Technical Controller, Technical Specialist, Data/Replay Operator, Starter, Competitor Steward, Coach, Team Leader, Team Doctor, Physiotherapist, team officials, Media, etc)  | Click or tap here to enter text. |
| **At Event** | Click or tap here to enter text. |
|  |  |
| **Branch** | [ ]  | Figure Skating  | [ ]  | Short Track  | [ ]  | Speed Skating  | [ ]  | Synchro-nized |

hereby undertake to fully respect the ISU General and applicable Special Guidelines for ISU Events during the Covid-19 Pandemic, to fulfil all obligations imposed by these Guidelines and waive any and all liability of the ISU and/or the OC of the Event for any damages related to the Covid-19 Pandemic arising out of or in connection with my participation at the Event.

I explicitly authorise the ISU/OC of the Event to store, process and share with all competent Health Authorities all my personal data relevant in the context of the Covid-19 Pandemic.

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| --- | --- | --- | --- | --- |
| **Attendee:**  | Date:  |  | Signature: |  |

**This waiver form has to be entered into OMAS (**[**https://isu.org/media-centre/accreditations/online-media-accreditation-system**](https://isu.org/media-centre/accreditations/online-media-accreditation-system) **) or the relevant media accreditation contact and must be submitted as part of any media accreditation request (expect for remote access). Any application submitted without the signed form will not be accepted.**