



# Women Regional Rugby Sevens

## TEAM MANAGER LIABILITY FORM

*[Obrazac za odgovornost voditelja ekipe]*

ONLY FOR PLAYERS UNDER THE AGE OF 18 YEARS

*[Samo za igračice sa manje od 18 godina]*

I, undersigned (Team Manager Family Name and First Name)

---

*[Ja, dole potpisani (Prezime i ime Voditelja ekipe)]*

- take full liability for player: (Family Name, First Name and Date of Birth)

---

*[u potpunosti preuzimam odgovornost za igračicu: (Prezime, Ime, Datum rođenja)]*

regarding any decisions, incidents and repercussions in relation with any Rugby training course or competition during Women Regional Rugby Sevens events,

*[vezano za sve odluke, incidente i posljedice u sklopu ragbi treninga i utakmica tijekom Women Regional Rugby Sevens natjecanja.]*

- take full medical, legal and financial liability from match, tournament and competition organizers regarding player: (Family Name, First Name and Date of Birth)

---

*[u potpunosti preuzimam medicinsku, pravnu i financijsku odgovornost od organizatora Women Regional Rugby Sevens utakmica, turnira i natjecanja vezano za igračicu: (Prezime, Ime, Datum rođenja).]*

Signature: \_\_\_\_\_

*[Potpis]*

Date: \_\_\_\_\_

*[Datum]*