Declaration of Liability Exclusion:

To whom it may concern:

I,	
Name:	
Date of Birth:	
Place of Birth:	
Nationality:	
Number of Passport:	
Moscow Address:	
Home Address:	
individual who is employed by the injuries I might encounter or receincludes captains' meetings, mat Broomball League. I am aware of the fact that this shape in the individual was a supported by the individual of the individual was a support of the indi	German Embassy to the Russian Federation or any the German Embassy liable for any accidents or eive during a Broomball League event. Such an event ches and any further activities connected to the mall include any accidents or incidents that may be embassy premises to or from the matches, the
matches themselves, enroute to o	or from and in the locker- rooms and showers as well other part of the embassy compound.
I further declare that I see it as m precautions (i.e. insurance covera	ny own responsibility to take the necessary age) in case of injuries.
	agraphs, that I sign at my own free will and that I e consequences herein described.
I am aware of the fact that my pa premises depends on my having	articipation in any broomball activity on the embassy signed this declaration.
Name and Surname of person sig	gning:
Signature:	
Date:	Moscow