

# Pledge (Flying Disc)

I pledge to participate in the Aichi Flying Disc Association (hereinafter referred to as AIFDA) sanctioned tournament to be held from April 1, 2026 to March 31, 2027, to abide by the competition rules of the Japan Flying Disc Association (hereinafter referred to as JFDA), the Japan Disc Golf Association (hereinafter referred to as JPDGA), and the Japan Dodgebee Association (hereinafter referred to as DBJA), as well as the tournament regulations and local rules established by the tournament organizer, and to understand and agree to the following items before participating in the tournament.

## 〈Acceptance of self-management responsibility〉

1. I will participate in the tournament with full awareness and responsibility for my own safety and health. I will also be aware of and conduct myself in a sportsmanlike manner throughout the tournament, and in particular will not play while under the influence of alcohol, engage in violent acts, abuse of drugs, or damage to property.

## 〈First aid consent〉

2. In the event that I am injured, have an accident, or become ill during the event, I agree that the organizers will provide first aid to me and will not object to the method or results of that first aid.

## 〈Coverage for injury and death〉

3. In the event that I am injured, suffer a disability, or die during the competition or any of the events that follow, compensation will be provided by my personal insurance. Furthermore, in the event that I am injured, suffer a disability, or die due to force majeure such as a natural disaster or worsening weather conditions (lightning, gusts of wind), I will not seek compensation from the event organizers.

## 〈Disclaimer〉

4. I agree that in the event that the event is cancelled or the competition content is changed to ensure safety due to force majeure such as a natural disaster or worsening weather conditions, I will not claim payment of the various expenses incurred in participating in the event (including the participation fee). I also agree that I will not seek compensation from the event organizer for the loss or theft of my competition equipment during the event period, except in cases of gross negligence on the part of the event organizer.

## 〈Acceptance of damages〉

5. If I cause damage to facilities, equipment, etc. at the venue due to my negligence, I will compensate each owner for the damage.

## 〈Public relations use including portrait rights〉

6. acknowledge that my portrait, name, place of residence, age, athletic history, self-introduction, etc. will be used in all promotional materials related to the event, as well as in the press and information media, and I also consent to their use in related publicity materials, including print, video, and information media, produced by the organizers and the relevant athletic organizations.

## 〈Consent of relatives and mediation〉

7. My family, relatives, or guardians understand and agree to the content of the tournament based on this consent form and consent to my participation in the tournament. I also agree that any matters not covered by this consent form will be resolved in accordance with the competition rules or tournament rules of the JFDA, JPDGA, and DBJA.

## 〈Inquiries regarding personal information〉

8. If you wish to request notification of the purpose of use, disclosure, correction, addition or deletion of content, suspension of use, erasure, or suspension of provision to third parties of your personal information, please use the contact form on our website.

I hereby agree to the above contents of the pledge.  I agree  •  i disagree  (○Surround with)

Year/ month /day                      /                      /                      Pledger's signature \_\_\_\_\_

Players under the age of 18 must have a parent or guardian's signature.  Parent's signature  \_\_\_\_\_

※ \*Please note that players who do not agree to or submit the pledge will not be able to participate in the tournament.

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|            |                       |                   |                 |   |
|            |                       |                   |                 |   |
| full name  |                       |                   | date of birth   | Year/ month /day                      /                      /                      / |
|            |                       |                   | Affiliated team |   |
| address    | mail                  |                   |                 |   |
| blood type | Type    RH+    •    - | Emergency Contact | Mail            | full name<br>relationship   |