THE CLASH: EUROPEAN COMBAT SPORTS FESTIVAL 2026

UNIVERSAL ATHLETE DECLARATION — SIGNATURE SHEET

Complete one sheet per athlete and upload it as a SIGNED PDF in Smoothcomp at registration. Before signing, read the **Universal Athlete Declaration — Terms & Information, version 2.2** (sections 2–8), published at theclash.ee/registration — on paper, one printed copy of the Terms per team is enough. Adults sign for themselves (digi-signature with ID-kaart/Smart-ID preferred; print-sign-scan accepted, verified at accreditation). For minors, a parent or legal guardian signs.

Event: The Clash: European Combat Sports Festival, 20.–24.10.2026, Unibet Arena, Tallinn, Estonia

Organiser (data controller): Mittetulundusühing The Clash Baltic, registry code 80644958, Akadeemia tn 5-13, 80011 Pärnu, Estonia, info@theclash.ee

Form version: 2.2 · 31 August 2026

1. ATHLETE DETAILS

Full name	
Date of birth (dd.mm.yyyy)	
Personal ID code / passport no.	
Nationality	
Club / team	
Coach (name)	
Discipline(s) registered	☐ MMA ☐ K-1 ☐ Muay Thai
Emergency contact (name + phone)	
Insurer / policy or licence no. (if insured)	

For athletes under 18:

Parent/guardian name	
Parent/guardian ID code / passport no.	
Parent/guardian phone (reachable on competition days)	
Parent/guardian e-mail	
Accompanying adult at the event, if not the guardian (name + phone); may be the athlete's coach, provided the coach has completed event accreditation	

DECLARATIONS

☐ **Terms accepted.** I have read and understood the Universal Athlete Declaration — Terms & Information, version 2.2 (sections 2–8), published at theclash.ee/registration, and accept it in full. The rulebooks and event regulations were accessible to me there before I signed this sheet.

Insurance — tick exactly one:

☐ **Insured.** I hold accident/medical insurance covering full-contact sports competition, or my federation or club provides such cover (details in section 1 above).

☐ **Not insured.** I understand that the Organiser does not insure me and that costs beyond emergency care under my state health cover (e.g. the European Health Insurance Card, EHIC) are my own responsibility.

☐ *(optional)* **Featured content.** YES, I am open to being contacted about featured individual content (profiles, interviews, documentary). *(For athletes under 18 this box may only be ticked by the parent/guardian.)*

Acceptance of inherent risk (Terms section 3 in full). I understand that full-contact combat sport carries inherent risks that can materialise even when all rules are followed — including knockout, concussion and other head injury with possible long-term effects, fractures, joint and spinal injuries, paralysis and, in rare cases, death. I participate voluntarily and my acceptance of these risks is informed and freely given. This does not limit any liability the Organiser or any other party bears under Estonian law for damage caused by their own fault.

SIGNATURES

Athlete aged 18 or older:

I have read and understood this Signature Sheet and the Terms & Information document (version 2.2) and sign voluntarily.

DATE (DD.MM.YYYY)	SIGNATURE

Athlete under 18 — parent / legal guardian:

As the athlete's parent or legal guardian, I: 1. consent to the athlete's participation in the registered discipline(s) under the youth rules applicable to their age category; 2. confirm that I have received and read the risk information sheet for parents (published at theclash.ee/registration) and understand the inherent risks described above and in Terms section 3, including the risk of serious injury; 3. confirm the medical and insurance information given on this sheet; 4. acknowledge that in a medical emergency, necessary care is provided in accordance with law, and that I am reachable at the phone number in section 1 for treatment decisions; 5. confirm that I hold the right of custody and am entitled to give this consent, and that where custody is joint, the other guardian agrees.

PARENT / LEGAL GUARDIAN NAME	DATE (DD.MM.YYYY)	SIGNATURE

Athlete assent (athletes aged 12–17):

I want to compete, and I understand the rules of my sport and the risks described above.

DATE (DD.MM.YYYY)	SIGNATURE

Coach: confirms awareness of the weight-management rules in Terms section 4 for this athlete.

COACH NAME	DATE (DD.MM.YYYY)	SIGNATURE

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