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| **insurance declaration certificate** |
| I declare that all the players of my Team / Club / State do not have the appropriate insurance cover that is required to participate in this tournament / event. Therefore, I the undersigned, certify and take full responsibility, medical and otherwise, of all the players of my Team / Club / State that are participating in the below mentioned tournament / event.In the event, any of the players of my Team / Club / State gets injured while playing or during the duration of their stay for the tournament / event, I and my team will be liable and responsible for their treatment and/or related expenses incurred for the same.If a Participating Team / Club / State is unable to provide such certification, then the Participating Team / Club / State shall inform the Tournament Director of the reason for this, and Rugby India shall take action as appropriate. |
| **Participating Team / Club / State:** |  |
| **Team / Club / State Representative:** |  |
| **Title / Position / Designation:** |  |
| **Signed:** |  |
| **Date:** |  |