



Association / Club: _____

**Associations' Declaration of Agreement
to the Pre-Competition Medical Assessment + (PCMA +)**

The undersigned:

(NAME OF THE PRESIDENT – IN BLOCK LETTERS):

(NAME OF THE GENERAL SECRETARY – IN BLOCK LETTERS):

(NAME OF THE TEAM PHYSICIAN – IN BLOCK LETTERS)

Herewith confirm that:

(a) Each of the players has been examined following the CAF Pre-Competition Medical Assessment + (PCMA +, see enclosure) using recognized assessment methods. The Associations are responsible for ensuring that the assessment is accomplished based on the latest medical standards. CAF does not assume liability hereto.

(b) Based on the results of the PCMA +, each of the players has no currently identifiable body deficiencies that could endanger his health when playing in connection with CAF Competitions.

(c) It shall defend and hold harmless CAF against all proceedings, claims and related costs (including professional advisor fees) that may be incurred, suffered, or threatened by others (players and officials of the association) against CAF in relation to illness and accident (including death and disability).

The undersigned, President, General Secretary and the Team Physician have understood the information on health conditions and hereby declare their individual confirmation of points (a) – (c) herein above and their waiver of any claims against CAF and auxiliaries.

Signatures:

PLACE _____

PRESIDENT _____

DATE _____

GENERAL SECRETARY _____

STAMP OF THE ASSOCIATION /
CLUB

TEAM PHYSICIAN _____