



## **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.

<b>Participating Team / Club / State:</b>	
<b>Team / Club / State Representative:</b>	
<b>Title / Position / Designation:</b>	
<b>Signed:</b>	
<b>Date:</b>	