NIKE 3on3 CHALLENGE APPLICATION FORM

Member1 (Delegate):



Thank you very much for applying for NIKE CUP 3on3. Please fill in the form below and send it by FAX.

THE NIKE CUP JAPAN HEAD OFFICE FAX: 03-3452-7627

Member2:			
Member3:			
Date of Birth:	(Y)19	(M)	(D)
Region Registry: E-mail:	E	East Japan @	West Japan
Address:		C	
Phone:			
*This letter of cons	ent must	be filled in by M	lember 1
		-	n from the WEBSITE (http://nikefootball.jp/NC), fill in the names of Member 2
and Member 3, and			· · · · · · · · · · · · · · · · · · ·
	ber is un	der 20 years of a	age, parent's permission/consent is necessary. Please fill in
the parental consent	form be	low.	
Ple	ease sign th	uis Letter of Conse	nt upon carefully reading and agreeing to the terms and conditions below
			Letter of Consent
I hereby confirm that I (hereinafter referred to a	have care is "Event")	fully read and agree to be held on <u>11th Ju</u>	e to the terms and conditions below for participating in the event "THE NIKE CUP JAPAN" aly 2010 at Ajinomoto Stadium
			upon understanding and agreeing to the following terms and conditions. myself that I am fully fit for participating in the Event.
In the event that companies (herein	t I injure m after collec	yself or injure anoth ctively referred to a	vent, there is a possibility of getting injured. ther participant, I shall make no claims to NIKE Japan Corp., its parent company or affiliated as "Nike"), or employees of Nike, for any payments in connection with such injuries or
compensation for damages, etc. 4) Because Nike cannot keep any belongings for anyone at the site and cannot promise taking complete measures against loss, it is necessary for			
 In the event that staffs in the event the transfer suggested be 	I become in the state of the st	II, am involved in ar e other plans concer medical assistants a ich the Event or oth	ility or to manage my belongings for myself. n accident or am injured, I acknowledge and authorize Nike, its agents, event staffs and/or such ming the Event to give me first-aid treatment, and I acknowledge as legitimate, treatments and und other medical staffs. I shall bear for myself, expenses for medical treatments. ter plans concerning the Event, if any, must be inevitably cancelled or changed, depending on
filming, audio rec such sound recor Nike and/or a Par use in consideratic such Recordings, televisions, radios, not hold Nike acce information conce	ording, vidings, videnty Concerton of the derivative of the deriva	deo recording, wri eo recordings or w ned that has asked letails of its service the Event and my r newspapers and p or any damages ari ke promoting prod	er referred to as "Party Concerned") may make recordings of me by methods such as iting, or other similar methods (including transfer to other media, such as the usage of writings on photographs, etc., hereinafter collectively referred to as "Recordings"), and I Nike for its usage in advance and has received Nike's confirmation with respect to such se, etc. at the Event, may use, without my confirmation or permission and free of charge, name and age, after the Event at the time, place and method (including but not limited to periodicals) that it wishes, 2) regardless of Nike's willful misconduct or negligence, I shall tising in connection with such Recordings, etc. 3) Further Nike promotional activities and ducts outside of the Event will be sent to my registered address and 4) I shall take no y part of this Letter of Consent.
Name: Age:			Signature: Address:
Date:			
			Telephone no.: E-mail address:
In the event that t	he particip		under 20 years of age), please have his or her parent or guardian sign below upon reading and agreeing to the following terms and conditions.
			Parental Letter of Consent
 I agree to all of the 	articipant, l terms and	conditions in Article	(hereinafter referred to as "Participant"). I, on behalf of the Participant, myself or the ally agree to the following terms and conditions and shall not withdraw such agreement. e 1 and Article 2 of the Participant's Letter of Consent. t's Letter of Consent.
	Participan	it take any action tha	at may nullify, invalidate or cancel any part of Participant's Letter of Consent, and shall not instruct or
4) In the event that the such staffs in the event	ne Participa ent that th	int becomes ill, is in ere are other plans	nvolved in an accident or is injured, I acknowledge and authorize Nike, its agents, event staffs and/or concerning the Event to give the Participant first-aid treatment, and I acknowledge as legitimate, all assistants and other medical staff.
terms and conditions t Parent/Guardia	herein at r	ny will.	ter of Consent signed by the Participant and this "Parental Letter of Consent" and agree to the
Name: Age:			Signature: Address:
Date:			
			Telephone no.: