INTERNATIONAL POLICE ASSOCIATION – SECTION NORTH MACEDONIA
IPA REGION STRUMICA
www.ipa@mk & strumica@ipa.mk

HEALTH STATUS DECLARATION

For participation in the 5th jubilee international shooting tournament
„IPA Megdan 2026„
17.10.2026, Strumica

FULL NAME_____

Date of birth_____**Nationality**_____**e-mail**_____

Address_____

National Section/Region_____

Shooting category_____

Phone number_____

Passport/ID No.: _____

HEALTH STATUS:

Hereby declare the following:

1. I am in good physical and mental health and have no medical condition or physical impairment that could limit or prevent my safe participation in shooting sports.
2. I have not been advised by any medical professional to refrain from participating in shooting or other physically demanding activities.

3. I do not suffer from any condition (including but not limited to cardiovascular, neurological, psychological, or musculoskeletal disorders) that could pose a risk to myself or others during the tournament.
4. I am not under the influence of any medication, substance, or alcohol that could impair my judgment, coordination, or ability to safely handle firearms.
5. I understand and accept that participation in shooting activities carries certain inherent risks. I voluntarily assume all such risks and take full responsibility for my participation.
6. I agree to comply with all safety regulations and instructions provided by the organizers and range officers throughout the tournament.
7. I certify that I have valid personal accident and/or health insurance coverage during the period of the event.

By signing this declaration, I confirm that all the above information is true and correct, and that I participate in the 5th jubilee international shooting tournament „IPA Megdan 2026„ at my own risk.

SIGNATURE_____ DATE_____