わたSHIGA輝く国スポ　デモンストレーションスポーツ

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| 下記のとおり、保護者の同意を得て、本大会への参加を申し込みます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | | | | | | | | | 性別 | | 学校名 | | | | | 住　所 | | | | | | | | | | | | | |
| 氏　名 | | | | | | | | | 男・女 | | 学年 | | | | | 〒 | | | | | | | | | | | | | |
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| 同　意　書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 滋賀県ノルディック・ウォーク連盟　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | わたSHIGA輝く国スポ・障スポ草津市実行委員会　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 参加申込者が、わたSHIGA輝く国スポデモンストレーションスポーツ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 「ノルディック・ウォーク」に参加することを同意します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | また、本大会に参加するにあたり、私（保護者）は、いかなる事故についても | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 傷害保険以外の法律的な一切の権利を主張しないことを確約します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  |  |  |  |  |  |  |  |  |  | 参加者氏名 | | | | | |  |  | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  | 保護者の氏名（自署） | | | | | |  |  | | | | | | | | | | |
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| ※ 記載された参加者の個人情報は、実施要項に記載した「わたSHIGA輝く国スポ」に関する業務にのみ使用します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 【提出方法】 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 参加希望者は、2025年3月1日（土）から4月30日（水）までの間に、本申込書に | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 必要事項を記入の上、申込み先にメール・郵送・FAXのいずれかでお申し込みください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**ノルディック・ウォーク　参加同意書**