

CHILDREN PARTICIPATION FORM-SOLEMN DECLARATION OF PARENT / GUARDIAN

INDIVIDUAL INFORMATION OF CHILD

NAME-SURNAME:.....

DATE OF BIRTH:.....

HOME ADDRESS:.....

CITY:.....

COYNTRY:.....

SPORT CLUB:.....

PHONE NUMBER OF PARENT/GUARDIAN.....

The undersigned, the holder of ..... ID/passport, in my capacity as parent/guardian of..... hereby declare that I allow and consent to the participation of my child in the 6 km race << SWIM ACROSS CORINTH CANAL>> which will be held on September 27, 2016 at the Corinth Canal.

1. I have read and accept the terms of the regulations of the race and I am fully aware of the dangers, difficulties and physical strain that may occur to him/her during the event.

2. I have provided to the Organizing Committee medical certificate, signed after the May 27, 2016 verifying that he/she does not face any health problem and is capable of participating in such long-distance races.

3. The organizers of the race << SWIM ACROSS CORINTH CANAL >> and stakeholders or authorities, do not accept responsibility for anything that may occur before, during or after the end of the match, including, physical or mental harm of his/her health, temporary or permanent, and even loss of his/her life. I have the sole responsibility to ensure his/her health status and protect his/her life and no claim will be raised for any physical or mental harm that may occur.

4. I grant to the organizers the right to use his/her data, such as photos, videos, recordings and any kind of recording of the race by audiovisual means as well as for commercial purposes.

5. I have provided to the Organizing Committee his/her swimming card countersigned for the year 2016.

For all the above cases, I declare that I absolve the organizers from any liability and waive the right to claim any compensation.

Date ..... / ..... / 2016

Signature