

Release of Liability

Surname and Given name: _____

Club name: _____

Country: _____

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by medical practitioner.

I acknowledge that I am aware of the risks inherent in European Short Course Masters Swimming Championships in Madeira in 2023 (training and competition) including possible permanent disability or death, and do assume all risks.

I hereby waive all rights to claims for loss and damages, arising out my participation in European Short Course Masters Swimming Championships in Madeira in 2023 or any activities incidental there to, against the European Aquatics or any individuals participating in Masters Events or supervising such activities as a condition of my participation in European Short Course Masters Swimming Championships in 2023. In addition, I agree to abide by and be governed by the rules of the European Aquatics.

I further declare that I have sufficient health insurance valid in Portugal to cover and medical, pharmaceutical, hospitalization and repatriation expenses that may occur in connection with my stay and participation at the European Short Course Masters Swimming Championships in Madeira in 2023. I understand and agree that the Organizing Committee, European Aquatics or Portuguese authorities may request to submit evidence of such insurance coverage for participation on the event for myself as well as for any friends and/or family members intending to join me for the event. Competitors and accompanying persons in European Short Course Masters Swimming Championships are responsible for their own traveling and personal expenses.

Signature: _____

THE FORM MUST BE PRINTED AND DELIVERED UPON ACCREDITATION.