

## 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 AQUATICS Short Course Masters Swimming Championships in Poland in 2025 (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 AQUATICS Short Course Masters Swimming Championships in Poland in 2025 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 AQUATICS Short Course Masters Swimming Championships in 2025. 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 Poland to cover and medical, pharmaceutical, hospitalization and repatriation expenses that may occur in connection with my stay and participation at the EUROPEAN AQUATICS Short Course Masters Swimming Championships in Poland in 2025. I understand and agree that the Organizing Committee, European Aquatics or Polish 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 AQUATICS Short Course Masters Swimming Championships are responsible for their own traveling and personal expenses.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**THE FORM MUST BE PRINTED AND DELIVERED UPON ACCREDITATION.**

**Following is only for the staff of the Accreditation Center to fill out.**

Proof of identity by one of the following:

€ Passport

€ National ID card

€ Other (please specify): \_\_\_\_\_

Accreditation card handed over by: \_\_\_\_\_  
(sign)