

AQUAKIDS	1K	2K	3K	5K	10K	Night Swim	RELAY MEET

LETTER OF CONSENT

I hereby declare that I do not have any health issues that would prevent me from participating the **International AquaChallenge Open Water Championships**, and that I assume full responsibility in the case of any accident, illness, injury, casualty and damage at the beginning, during and after the swimming race. I accept and undertake to comply to all rules and regulations, and not to see the organizational committee members and employers as responsible for such inconvenience. Any photographs and videos taken during the open water activities in the scope of the International AquaChallenge Swimming Championships can be used in all media organs, printed publications, social media accounts and art exhibitions in order to contribute to the promotion of swimming.

Name and Surname _____

ID Number _____ **Phone** _____

E-Mail _____

Swimming Range _____ **Date** ____/____/____

Signature

LETTER OF PARENTAL CONSENT FOR MINORS

(Minors must attend the championship with their parents,
and they must fill in the form below.)

I hereby declare that I accept and undertake all responsibilities and claims above for the participation of my son/daughter _____ to the **International AquaChallenge Open Water Championships**.

Name and Surname of the Parent *(with their handwriting)*

Father's Name and Surname _____

Date ____/____/____ Signature _____

Mother's Name and Surname _____

Date ____/____/____ Signature _____

Trainer's (if any)

Name and Surname _____

Date ____/____/____ Signature _____