



## SOLEMN DECLARATION

The undersigned :

<b>SURNAME:</b>	
<b>NAME:</b>	
<b>FATHERS'S NAME:</b>	
<b>HOME ADDRESS:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>SPORT:</b>	
<b>PLACE:</b>	ATHENS
<b>EVENT DATE/TIME:</b>	06 10 2021 - 09 10 2021
<b>ORGANISER:</b>	HELLENIC ORGANIZATION of COMPANY SPORT and HEALTH

HEREBY DECLARE that:

\* I have had a health check in the last three-month period, and I am healthy and able to participate in the sport of my choice; I am fully responsible for this choice and aware of the legal consequences related to this declaration.

\* I participate in this sport on my own of my own volition and I am solely responsible for any problems related to any injury/accident/health issue, loss of and/or damages to objects, etc., which may arise, and any kind of personal damage (direct, consequential, moral, material, physical); I have been fully informed about the terms of participating in the game/match, I know the sports grounds/organizers' provisions, etc., and I recognize that participating in this sport is somewhat risky per se.

\* I relieve the Organizers, any Co-organizers and any Agents Associated with the sports event, as well as their representatives and natural persons authorized to this effect, and I explicitly waive any claim for compensation for any damage I may suffer in relation to the above.

Date \_\_\_\_\_ Signature \_\_\_\_\_