Release of Liability

Full name: _____ **Country:** _____

I, the undersigned participant, intending to be legally bound, hereby certify that I am in good physical condition and that I have not been advised otherwise by a medical practitioner.

I acknowledge that I am aware of the risks inherent in participating in the European Aquatics Masters Championships in Slovakia and Austria in 2026, including training and competition, which may include serious injury, permanent disability, or death, and I voluntarily assume all such risks.

I hereby waive, release, and discharge any and all rights to claims for loss or damages arising out of or in connection with my participation in the European Aquatics Masters Championships in Slovakia and Austria in 2026, or any activities incidental thereto, against European Aquatics, the Organizing Committee, and any individuals participating in or supervising Masters events, as a condition of my participation. I further agree to abide by and be governed by the rules and regulations of European Aquatics.

I further declare that I have sufficient health insurance valid in Slovakia and Austria to cover any medical, pharmaceutical, hospitalization, and repatriation expenses that may arise in connection with my stay and participation in the European Aquatics Masters Championships in Slovakia and Austria in 2026. I understand and agree that the Organizing Committee, European Aquatics, or Slovak and Austrian authorities may request evidence of such insurance coverage for myself and for any accompanying persons.

I further acknowledge and agree that, by my registration for the European Aquatics Masters Championships in Slovakia and Austria in 2026, I adhere to all European Aquatics rules and regulations, including the General Event Rules and any other applicable regulations.

Participants and accompanying persons of the European Aquatics Masters Championships in Slovakia and Austria in 2026 are responsible for their own travel 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:

a) Passport
b) National ID card
c) Other (please specify): _____

Accreditation card handed over by: _____
(sign)

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