

# THIS IS A SAMPLE FORM

## PLEASE DON'T FILL

### PERSONAL INFORMATION

Name: .....

Surname: .....

Date of Birth: .....

Passport/ ID Number: .....

In view of my participation in the activity (hereinafter referred to as "activity"), which is organized by the "Ikaria Activities" (hereinafter referred to as "organizer") and which is related to the performance of physical activity, hereby I declare that:

I acknowledge that in the course of the activity, the organizer will appoint a responsible tutor, who will be responsible for the performance of the activity in total.

I have also been informed that this program consists of physical activity, which under certain conditions may result to severe injury, death or property loss to the participants.

I further acknowledge that possible risks include among others risks arising from environment, temperature, weather, physical condition of participants and potentially the equipment used.

I declare that I am in a good physical condition and I am able to safely participate in the activity.

I acknowledge the potential risk of physical injury or of the potential damage to my equipment due to my participation on the activity as well as of the consequences thereof.

In the event that during any point of the activity I believe that it is not safe for me to continue, I undertake the obligation to stop immediately my participation in this activity and to inform the person in charge for my decision.

I hereby grant my consent to receive medical treatment and medication in case of injury, accident or illness during the performance of the activity.

I undertake any and all liability in the event an accident occurs during the activity execution, releasing fully and completely the organizer and any other person that helped to their organization, acknowledging that the organizer acted with due diligence to prevent the occurrence of the accident throughout the duration of the activity.

The organizer is under no circumstances responsible for the death, injury or damage to my health, provided that the person in charge (tutor) has performed the due diligence for the proper execution of the activity.

I hereby explicitly and unconditionally declare that under no circumstances neither myself nor my relatives will raise any claims against the organizer or their representatives in the event of material, physical or moral harm caused by my participation in the above activity.

I declare that the organizer and any persons appointed by them (tutor) are released of any liability in the event a third party turns against me for any action or omission I have performed during the activity.

I am aware that this declaration can be used by the organizers if deemed necessary. My actions will be guided by the spirit of this declaration.

I declare that I have read this document, I have understood its content, I have waived my substantial rights and I have signed freely without any motive and no assurance.

Location / Date: .....

Signature

Parent Signature (concerning underage person)

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Ikaria Activities
Personal Info for Activity.....date.....place.....

Name/Surname/E-mail address	
Country of origin/Age/Gender	
Height/Weight	
Profession	
Medical History Did you have any serious injuries and/or surgeries the last 3 years? If so, pls write your answer.	
Do you feel any difficulty when you are trying to execute any exercise? If so, pls write your answer.	
Do you have any allergies? If so, pls write your answer.	
Do you feel pain in any part of your body? If so, pls write your answer.	
Are you taking any medication that may cause a problem during our activity? If so, pls write your answer.	
Do you have reduced range of motion anywhere on your body? If so, pls write your answer.	
In case of respiratory or cardiovascular disease, breathing issues, pregnancy or anything important that we must know, pls mention it here.	

Signature .....