

## XVII Finswimming World Cup Cali 2023

First Round March 3rd -5th 2023



## **ENCLOSURE 1**

## PRELIMINARY ENTRY FORM

We will participate in the XVII Finswimming World Cup 2023. Please complete this form and send to CMAS HQ and Organizing Committee by e-mail: worldcupcmascali@gmail.com

No later than (20<sup>th</sup> February 2023)

| 110 later than (20 1 cordary 2023)  |  |              |                      |                     |                            |
|---|--|--------------|----------------------|---------------------|----------------------------|
| Country:  |  |              |                      |                     |                            |
| Club or Federation:   |  |              |                      |                     |                            |
| Total number of Competitors:  | Men:   | Women        | Boy                  | rs:                 | Girls:                     |
| Total number of Officials:  | Men:   | Women        | 1:                   |                     |                            |
| Total number of Delegation  | Men:   | Women        | Boy                  | rs:                 | Girls:                     |
| Declaration Form:   |  |              |                      |                     |                            |
| Release from liability: I hereby declare that I exonerate of liability however so arising, the CMAS, its affiliates, the event Organizing Committee and staff, the venue owners, sponsors, and any other persons that participate at the event, in respect to all and every action or claim about accidents that may occur. |  |              |                      |                     |                            |
| This exclusion of liability does not apply in the event of willful intent or gross negligence.  |  |              |                      |                     |                            |
| Date and Signature: Consent to publication of Imagery:  |  |              |                      |                     |                            |
| I grant the Organizing Committee the permission for my imagery, full name, nationality and voice to be recorded during the competition.   |  |              |                      |                     |                            |
| Date and Signature:   |  |              |                      |                     |                            |
| Antidoping:  I, undersigned as responsible that all the athletes of the teams acknowledge:  • WADA Anti-Doping Rules and • CMAS Anti-Doping Rules.  |  |              |                      |                     |                            |
| Athletes consent and agree to comply with the conditions of the WADA Anti-Doping Code, the CMAS Anti-Doping Rules.  Date and Signature:   |  |              |                      |                     |                            |
| Insurance: I hereby declare that the participants the full extent of the consequences of that may occur during my stay during I am aware that the organizing commit competition.  | o this competition have a val<br>accidents and reimbursementhe dates of competition. | t for the co | sts of treatment and | d rehabilitation fo | illowing the accident      |
| Please check CMAS Procedures, Finswimming rules for participation in CMAS Championship.   |  |              |                      |                     |                            |
| Date and Signature:   |  |              |                      |                     |                            |
|   | Responsible Signature / s  | stamp)       |                      | (Full name          | <u>e in block letters)</u> |
|   |  |              |                      |                     |                            |

Date: