



17<sup>th</sup> CMAS Finswimming World Cup 2023  
Round 4<sup>th</sup>  
Klaipeda/LTU | 28<sup>th</sup> – 30<sup>th</sup> April 2023



## ENCLOSURE 1

### PRELIMINARY ENTRY FORM

Please complete this form and send to CMAS HQ and Organizing Committee

**no later than 18<sup>th</sup> March 2023** by E-Mail: [felvait@gmail.com](mailto:felvait@gmail.com)

We will participate in the 17<sup>th</sup> Finswimming World Cup 2023, Round 4<sup>th</sup>, Klaipera/LTU.

<b>Country:</b>		<b>Club or Federation:</b>			
<b>Address</b> (street + nr., postal code, city):					
<b>E-Mail:</b>					
<b>Number of Competitors:</b>	<b>Men:</b>	<b>Women:</b>	<b>Boys:</b>	<b>Girls:</b>	
<b>Number of Officials:</b>	<b>Men:</b>	<b>Women:</b>			
<b>Total number of Delegation</b>	<b>Men:</b>	<b>Women:</b>	<b>Boys:</b>	<b>Girls:</b>	

#### 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.

#### 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.

#### 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.

#### Insurance:

I hereby declare that the participants to this competition have a valid health insurance for the duration of the competition which covers the full extent of the consequences of accidents and reimbursement for the costs of treatment and rehabilitation following the accident that may occur during my stay during the dates of competition.

I am aware that the organizing committee is not liable (financially or in any other way) for any injuries that occurred during the present competition.

**Please check CMAS Procedures, Finswimming rules for participation in CMAS Championship.**

**(Responsible Signature / stamp)**

**(Full name in block letters)**

**Date:**