DISCLAIMER OF CLAIMS AT PARTICIPATION IN TBILISI SWIM FEST 2019
SWIMMING COMPETITIONS
«12-13» SEPTEMBER 2020 TBILISI

I, THE UNDERSIGNED_____
(FULL NAME)
DATE OF BIRTH_____

PLACE OF ACTUAL RESIDENCE_____

PASSPORT № _____

TELEPHONE FOR EMERGENCY CONTACT_____

VOLUNTARILY AGREE TO PARTICIPATE IN SWIMMING COMPETITIONS "TBILISI SWIM FEST 2019" ON 21-22 SEPTEMBER, 2019. IN TBILISI, I CLEARLY AND CLEARLY UNDERSTAND AND ACCEPT THE FOLLOWING:

1. PARTICIPATION IN THIS EVENT IS POTENTIALLY UNSAFE FOR ME, AND DESPITE THIS, I ACCEPT ALL THE RISKS OF PARTICIPATING IN IT.
2. I AGREE THAT ANY INJURIES, VARYING DEGREES OF HARM TO HEALTH AND ANY CONSEQUENCES OF ACCIDENTS, INCLUDING FATALITIES, RECEIVED BY ME DURING THE EVENT, WILL BE MY PERSONAL RESPONSIBILITY, AND I VOLUNTARILY AND KNOWINGLY RENOUNCE ANY - ANY MATERIAL, MORAL OR OTHER CLAIMS AND REQUIREMENTS TO THE ORGANIZERS OF THE COMPETITION, PROPERTY OWNERS, OTHER PERSONS PARTICIPATING IN THE EVENT. THIS REFUSAL OF CLAIMS AND CLAIMS EXTENDS TO MY RELATIVES, OTHER PERSONS ENTITLED TO PRESENT SUCH CLAIMS.
3. I AGREE THAT THE MORAL, PHYSICAL, MATERIAL AND / OR OTHER DAMAGE CAUSED TO ME AND MY PROPERTY DURING THE EVENT, AS WELL AS SIMILAR DAMAGE CAUSED BY MY FAULT TO OTHER PERSONS OR PROPERTY OF OTHER PERSONS, WILL BE MY PERSONAL RESPONSIBILITY.
4. I UNDERTAKE TO FOLLOW ALL THE REQUIREMENTS OF THE ORGANIZERS OF THE EVENT RELATED TO SECURITY ISSUES AND COMPLY WITH ALL RULES AND REGULATIONS OF THE EVENT.
5. I CONFIRM THAT I HAVE NO ILLNESSES PREVENTING PARTICIPATION IN THIS EVENT. IN CASE I HAVE HIDDEN DISEASES, THE CONSEQUENCES ARE ENTIRELY MINE.
6. I UNDERTAKE TO RETURN THE TIMING OF THE CHIPS AFTER THE SWIM. READY TO PAY 30 EUROS / ONE CHIP IN CASE OF THEIR LOSS.

I AM ACQUAINTED WITH THE RULES OF THE COMPETITION (-A).

DATE _____ SIGNATURE _____ (_____)