



**CLUB** \_\_\_\_\_

**CONSENT FORM FOR PARTICIPANTS OVER THE AGE OF 18**

**CONSENT FORM**

**I, the undersigned, declare that I wish to attend and participate in the  
DIAMOND CHEER OPEN CHRISTMAS CUP 2022 & EUROPEAN CHEER LEAGUE**

I certify, assuming full responsibility, that I have undergone all the essential medical exams and I have received the necessary cardiologic check up, from a general practitioner or a cardiologist in charge and have been given permission to participate in athletic events, I am in good health and I don't suffer from a condition that might affect my ability to compete or will be liable to adversely affect my condition by taking part in the events.

I do hereby waive, release and hold harmless the Hellenic Cheerleading Federation and its officers, sponsors, coaches, supervisors and representatives for any damage that I may suffer, however caused, and especially in the event of an injury or any other accident that I may suffer in the normal course of my participation in the designated sport and the activities incidental thereto. Moreover, I give the right and permission for the free use of my name / image from the Mass Media to the Hellenic Cheerleading Federation and the sponsors for promotional purposes, as well as for the notification of the athletic authorities in charge.

I hereby declare that I have read, understood and agreed to the participation rules and to the information above.

**MEDICAL HISTORY: THERE IS A HEALTH CONDITION e.g. (DIABETES, ANEMIA, EPILEPSY)**

**YES ..... NO.....**

PHARMACEUTICAL TREATMENT BEING RECEIVED: \_\_\_\_\_

Further useful information : \_\_\_\_\_

**THERE WILL BE MEDICAL SUPERVISION DURING THE EVENT**

**FULL NAME OF PARTICIPANT** (in capital letters)

.....

IDENTIFICATION OR PASSPORT NUMBER .....

**SIGNATURE**.....

DATE ..... MOBILE PHONE .....