



CONSENT FORM (FOR PARTICIPANTS OVER THE AGE OF 18)

ALL STAR CHEER OPEN 2025

“Under the auspices of the Hellenic Cheerleading Federation”

CLUB NAME _____

**I, the undersigned, declare that I wish to attend and participate in the
OLYMPUS ALL STAR CHEER OPEN 2025**

I certify, assuming full responsibility, that I have undergone all the essential medical exams, have received the necessary cardiologic check-up, from a pediatrician or cardiologist in charge and have been given the permission to participate in athletic events, I am in good health and 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 Federation and its officers and the organizers for any damage that I may suffer, however caused, and especially in the event of injury or any other accident I may suffer in the normal course of 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 Club, the Federation, the Organizers and the potential sponsors, as well as for the notification of the athletic authorities in charge. Considering that all the information that has been included in the participation form will be used only for purposes connected to the organization of the specific athletic event, I consent to the retention of my personal information (name, birth date, club, participation country, etc) as archive, after the end of the event, from the Hellenic Cheerleading Federation. I hereby declare that I have read, understood and agreed to the participation rules and to the information above.

THERE WILL BE MEDICAL SUPERVISION DURING THE EVENT

FULL NAME OF PARTICIPANT (in capital letters)		
MEDICAL HISTORY: THERE IS A HEALTH CONDITION e.g. (DIABETES, ANEMIA, EPILEPSY)	YES	NO
PHARMACEUTICAL TREATMENT BEING RECEIVED:		
Further useful information:		

IDENTIFICATION OR PASSPORT NUMBER:		SIGNATURE
MOBILE PHONE:	DATE:	