

PAROS WINGFOIL CUP 2026



LIABILITY WAIVER & CONSENT FORM

Participant Information

Full Name: _____

Date of Birth: _____

Nationality: _____

Emergency Contact

Name: _____

Phone: _____

Declaration

I acknowledge that participation in the Paros Wingfoil Cup involves inherent risks, including injury, equipment damage, or death.

I confirm that I am physically fit and capable of participating in the event.

I accept full responsibility for my participation and equipment.

I release the organizers, sponsors, and associated personnel from any liability for personal injury, loss, or damage arising from my participation.

I confirm that I have valid personal insurance covering accidents and third-party liability.

Media Consent

I grant permission to the organizers to use photos and videos of me for promotional purposes.

Signature: _____

Date: _____

For participants under 18

Parent/Guardian Name: _____

Signature: _____

Date: _____