



1st 24.4^{KM}. Antiparos ROAD RACE FOR HEALTH

PARTICIPATION FORM

NO



FAMILY NAME:.....

FIRST NAME:.....

FATHER'S FIRST NAME:.....

DATE OF BIRTH:.....

SEX: ☐ MALE ☐ FEMALE

NATIONALITY:.....

HOME ADDRESS

STREET:.....NO:.....

CITY:.....

POSTCODE:.....COUNTRY:.....

TELEPHONE NO:.....

FAX:.....

E-mail:.....

SPORTS CLUB:.....

**HAVE YOU EVER COMPETED
IN ROAD RACE OF THIS DISTANCE?**



YES



NO

SUNDAY 20 MAY 2012

ΥΠΕΥΘΥΝΗ ΔΗΛΩΣΗ ΑΘΛΗΤΟΥ

It is with my absolute personal responsibility and liability that I shall be participating in the '1st 24.4km Antiparos Road Race for Health', which will be taking place on a public road.

I declare to the Organizing Committee that I am over 18 years of age and have conducted all necessary medical examinations. I waive any claim-and the right to make any claim-against the organizers, which may ensue from any damages that may arise owing to any cause whatsoever. I consent to the unrestricted use of my name and picture by the mass media.

DATE :...../...../2012

FULL NAME

.....

SIGNATURE:.....

Please send your FULLY completed and signed Participation Form to:

FAX: ++3022840 61774, 22840 61503

E-mail: antiparosenplo@gmail.com

Yiannis Pantelakis (++306974870862) or
Yiorgos Daniilidis (++306973853790)

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