

PARENT CONSENT  
(For athletes under 18)

Athlete

Name-Surname:

Passport Number/National ID number:

Guardian

Name-Surname:

Passport Number/National ID number:

Phone Number:

Address:

My son/daughter's

- I verify their details.
- Participation in the 19th DATÇA WINTER SWIMMING MARATHON Races,
- With this document, I acknowledge that there is no medical obstacle for my daughter/son (athlete's name and surname) to participate in the competitions. I accept on behalf of my daughter/son all responsibility for any accident, illness, disability, loss and damage that may occur before, during and after the competition. I also declare that I accept and undertake in advance that I will not hold the organisation board and officials responsible in the face of such situations, that the race rules will be followed exactly and that I will not be allowed into the competitions if they are not followed.

Name-Surname:

Date : ..... / ..... / 2025

Signature :