RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS

Please read carefully. This is a release of liability, waiver of legal rights :

1.	I am a participant in the Voras – GREECE from other activity related HAZARDOUS and inverse associated with participated Championships or in the directly involved in the voluntarily cho	thereto (collective olves RISK OF Pl ipating in the Eve raining sessions, a	22. I acknowledge ely, the "Events' HYSICAL INJURI ents, including, v ccessing restricte	e that particip ") involves ES OR DEA vithout limita d areas, sha	pating in the INHERENT ATH. I expre tion to directing area fac	Championships DANGERS, materials assume all to participation cilities with people of the property of the prope	or any ay be I risks in the ole not
	(Initials:)		
2.	contest organizers, the HELLENIC AIRSPORTS FEDERATION – PARAGLIDING COMMISSION, the property owners of the operation areas (including launch and landing areas), the Federation Aéronautique Internationale and its Commission de CIVL, their respective affiliates, agents, officers, directors, owners, commission or jury members, contractors, volunteers, employees and insurers (collectively, the "Released Parties") from any and all claims I might make as a result of physical injury, including death, or property damage sustained in connection with the Events. I promise not to sue the Released Parties and agree that if anyone is physically injured or property is damaged while I am engaged in the Events, I will have no right to make a claim or file a lawsuit against the Released Parties. The provisions of this paragraph 2 shall not apply to misconduct determined to have been undertaken intentionally or recklessly. (Initials:)						
4.	If any part of this agree						
	still be given full force a		•	•	•	•	•
	the part which is declar		•		·		
	permissible by law. (Initi	ıaıs:)
I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND I SIGN IT OF MY OWN FREE WILL.							
Signed	on this date :						
Signature of Participant I			Printed name of Participant				
Address of Participant :							
			Printed name of Witness				