

DECLARATION FORM

TO:	ORGANIZING COMMITTEE OF KEFALONIA GYM FESTIVAL "ANNA POLLATOU"						
Name Of Group							
Name of group leader							
Place of birth:							
Passport number or I.D. card				Tel:			
Place of residence			Adress:			No:	TK:
Fax number			Email:				

As group leader I declare that all group participants who will take part at theth Kefalonia Gym Festival, have gone through health inspection and are capable to participate. All participant members and trainers have been informed of the participating conditions, and accept them releasing the O.C. of the Festival of any such responsibilities. As well as any lost of any personal artifacts that maybe lost at the any areas that the Festival take place.

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

Head leader.

(signature)