



I hereby certify and confirm in advance that I am fully aware that there is no doctor, health personnel or fitness instructor in the Panathenaic Stadium of Athens.

I accept to use the facility at my own risk and will not hold the management responsible for any injuries or accident that may occur during my use of the facility.

| First & Last Name |  |
|-------------------|--|
| Citizen of        |  |
| Date of Birth     |  |
|                   |  |
| Signature         |  |
| Date              |  |