



2025 CMAS
PAN-AMERICAN CHAMPIONSHIP
FINSWIMMING INDOOR
19th August - 24th August
Ibagué, Colombia



ANNEX 1

INITIAL ENTRY FORM (Before 30/06/2025)

We will participate in the 2025 CMAS Pan-American Championship Finswimming Indoor.

Initial Entry Form:

Please complete this form and send to CMAS HQ and Organizing Committee by e-mail: fspan2025col@gmail.com

Country:

Federation:

Total number of Competitors:

Men seniors:

Women seniors:

Total number of Officials:

male:

female:

Total number of Delegation

male:

female:

Declaration Form:

Release from liability: I hereby declare that I exonerate of liability however so arising, the CMAS, its affiliates, the event Organizing Committee and staff, the venue owners, sponsors, and any other persons that participate at the event, in respect to all and every action or claim about accidents that may occur. This exclusion of liability does not apply in the event of willful intent or gross negligence.

Date and Signature: _____

Consent to publication of Imagery:

I grant the Organizing Committee the permission for my imagery, full name, nationality and voice to be recorded during the competition.

Date and Signature: _____

Antidoping:

I, undersigned as responsible that all the athletes of the teams acknowledge WADA Anti-Doping Rules and CMAS Anti-Doping Rules. Athletes consent and agree to comply with the conditions of the WADA Anti-Doping Code, the CMAS Anti-Doping Rules.

As a voluntary and mandatory commitment, the athletes must obtain the certificate ADEL (insert link of ADLE) before receiving the CMAS licences according to the relevant point in the CMAS Procedures and Obligations.

The expenses regarding the controls in competition belong to the organisers. In case of eventual supplementary analysis requested by WADA related to the bio-physiology of an athlete as ex ABP (athlete biological passport), the expenses belong to her/ his national federation

Date and Signature: _____



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Insurance:

I hereby declare that the participants to this competition have a valid health insurance for the duration of the competition which covers the full extent of the consequences of accidents and reimbursement for the costs of treatment and rehabilitation following the accident that may occur during my stay during the dates of competition.

I am aware that the organizing committee is not liable (financially or in any other way) for any injuries that occurred during the present competition.

Please check CMAS Procedures, Finswimming rules for participation in CMAS Championship.

Date

(President Signature / stamp)

(Full name in block letters)