

ELIGIBILITY CODE FORM

THIS AGREEMENT MUST BE SIGNED AS A CONDITION OF ACCREDITATION
AND PARTICIPATION IN THE CHAMPIONSHIP
PLEASE READ CAREFULLY

Family Name: _____ Date of Birth (day/month/year): ___ / ___ / ____

First Name: _____

Men Women / Athlete Team Official

Understanding that as an athlete/team official in the *Internationale Deutsche Meisterschaften (IDM) im Schwimmen* I am participating in a event which has ongoing international and historical significance, and in consideration of the acceptance of my participation therein, I agree to be filmed, televised, photographed, identified and otherwise recorded during the the *Internationale Deutsche Meisterschaften (IDM) im Schwimmen* under the conditions and for the purposes in relation to the promotion of the the *Internationale Deutsche Meisterschaften (IDM) im Schwimmen*.

I agree that all photographs and moving images taken by me at the the *Internationale Deutsche Meisterschaften (IDM) im Schwimmen* including those of athletes competing shall be used solely for personal and non-commercial purposes, unless prior written consent is obtained from the Organising Committee.

I agree to comply with not allowing any exploitation of my person, name, future or sport performance for publicity means during the the *Internationale Deutsche Meisterschaften (IDM) im Schwimmen*.

_____ / ___ / ____

Signature of Athlete/Team Official (day / month / year)



Paralympischer Sport Club Berlin



32. INTERNATIONALE DEUTSCHE MEISTERSCHAFTEN
IM SCHWIMMEN FÜR MENSCHEN MIT BEHINDERUNG



Behinderten- und Rehabilitations-
Sportverband Berlin