



DECLARATION AND LIABILITY WAIVER

For 200, 450 and 1000 metre winter / cold water swims

Organizer: Lithuanian Health Association

Swimmer details

Name and surname	
Email	

Qualifying swim details

Swim date	
Swim location	
Swim result (mm:ss)	
Water temperature	
Air temperature	

Declaration

I hereby confirm that the Lithuanian Health Association recommends all swimmers to undergo an electrocardiogram (ECG) examination and a general medical check-up prior to participating in endurance swims. An ECG is not mandatory for the 200 metre swim but is mandatory for the 450 and 1000 metre swims.

I understand and agree that my participation is entirely at my own risk. I confirm that I am physically and mentally fit to participate in winter / cold water swimming.

I accept full responsibility for my health and safety before, during, and after the swim, and I acknowledge that the Lithuanian Health Association, event organizers, volunteers, and partners bear no liability for any injuries, health issues, or other losses.

I confirm that I have read, understood, and agree to comply with all applicable event and endurance swimming rules.

Swimmer signature		Date	
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Observer / assistant details

Name and surname	
Email	
Experience (e.g. coach, experienced winter swimmer)	
Signature and date	