

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 (DD/MM/YY): ____/____/____
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 an 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

Date

