

Summer Jump Rope Camp Praha 31. 8. - 1. 9. 2024

Consent participation

The consent is filled out by the participant or legal representative. I declare and confirm with my signature that

the participant:

Born on (date):

1. The participant does not show signs of an acute illness. I am also not aware that, in the last 5 calendar days before leaving for the summer jump rope camp (further referred as „Event“), the participant came into contact with a natural person sick with an infectious disease or suspected of having been infected with any kind of infectious sickness.
2. The participant or legal representative assumes full responsibility for health problems, injuries or damage to things that could arise during the event. We recommend securing accident insurance and damage insurance.
3. Participants are obliged to follow the instructions of the organizer or staff authorized by him and to take care of their own safety and that of other participants throughout the duration of the event. In case of any problems (disciplinary or medical), I will immediately pick up my child at the venue of the Event and take home. The same goes for the manifestations of any disease.
4. I agree that photo documentation and video documentation ("Documentation") will be taken during the event, on which the likeness of the participant may be captured. I agree to the publication of this Documentation on the website / social networks of the organizer and to their use for the promotion of other events organized by the organizer. I will not demand any compensation from the organizer in connection with this fact.
5. I further declare that the participant is in good physical condition, does not suffer from any acute or chronic disease on which increased physical activity could have a negative effect and could endanger his health. I declare that the participant regularly visits a doctor, who confirms that his/her health condition does not limit or exclude participation in this Event.
6. Legal representative consents to the participation of their child, whose name is listed above, in this Event.
7. Organizer of the event: AB-JUMP s.r.o., Havlíčkova 320, Unhošť 27351, IČ 07849591, representative Anežka Bočková

In

.....

Name of the participant or the legal representative

Day

.....

Signature