

# Summer Jump Rope Camp Praha 29. - 30. 8. 2026

## 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 shows no signs of an acute illness. I am also not aware that, within the last five (5) calendar days prior to departure for the Summer Jump Rope Camp 2026 (hereinafter referred to as the "Event"), the participant has been in contact with a person suffering from an infectious disease.
2. The participant or the legal guardian assumes full responsibility for any health issues, injuries, or damage to property that may occur during the Event.
3. Participants are required to comply with the instructions of the organizer and authorized persons at all times during the Event and to ensure their own safety as well as the safety of other participants. In the event of any disciplinary or health-related issues, or if any signs of illness occur, the participant may be excluded from the Event. In the case of underage participants, the legal guardian is obliged to ensure their immediate transportation from the Event venue.
4. The participant or their legal guardian agrees to the taking of photographs and video recordings during the Event and to their use for promotional purposes of the organizer (e.g. on the organizer's website and social media). No financial or other compensation will be claimed in connection with such use.
5. Furthermore, I declare that the participant is in good physical condition and does not suffer from any acute or chronic illness that could be negatively affected by increased physical activity or could endanger their health. I also declare that the participant regularly attends medical check-ups and that their physician confirms that the participant's 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: Anežka Bočková, Markův Mlýn 176, 273 51, IČ: 03433374

In .....

.....

Name of the participant or the legal representative

Day .....

.....

Signature