

MINORS PARTICIPATION APPROVAL (UNDER AGE 18)

Race Participant

Name:

Personal ID/passport number:

E-mail:

Statutory Representative

Name:

Personal ID/passport number:

Relation to participant:

Declaration of the Statutory Representative

I hereby declare, that:

- I am aware of the health condition of the above race participant, and the race participant is physically fit and sufficiently trained to participate in the race; and
- I have acquainted myself with the series Rules published at <http://www.swimruntour.cz/series-rules/> and I agree that the Rules shall apply to the above participant without reservations.

In this respect, I approve of the above participant taking part in a Czech Swimrun Tour race held on in the vicinity of water reservoir, I accept full responsibility for the race participant and I relieve the organizers of any liability in this matter.

In on

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statutory representative's signature