

SWORN STATEMENT

of a participant of Sázava - a Clean River (or his/her legal guardian)

I (first name and given name)

.....
a participant of the project Sázava - a clean river organized by Posázaví, CT, Jemniště 1, 257 01 Postupice /office at Masarykovo náměstí 1, 256 01 Benešov/, declare that I am aware the event consists of activities which may result in injury and therefore I shall:

1. Provide to the organizer all the information necessary to ensure my safety and good health and to bring all the medication I need in sufficient amount; **Disclose Information on limitations due to health, regular medication and their dosage in this statement.**
2. Give the organizer duly filled STATEMENT of my condition including my health coverage provider and emergency phone contacts.
3. Follow the mentors' instruction rigorously, follow the arranged schedule and use the requisite equipment (life jacket, protective gloves); Obey the traffic rules when on roads.
4. Not behave in a way which might threaten my safety and health, particularly avoid drinking alcohol or taking any drugs.
5. Not behave in a way which might endanger, harm or encroach on other participants of the event.

If the participant's age is below 18, the statement will be signed by his/her legal guardian.

Participant's first and given names

Date of birth

Address

Phone, e-mail

Health coverage provider

Special needs, health restrictions, allergies, medication

In case of emergency, inform:

Name:

Phone:

I declare that I do not know about any restriction which would prevent my participating in the event safely, or that I suffer from a health condition which would affect my abilities and disallow my participation in the project.

Participants signature/legal guardian signature

Date:

This statement is valid for all the participants in the project Sázava - a Clean River in April 2018.

The charitable trust Posázaví will provide an insurance policy covering health and property damages for the whole project Sázava - a Clean River 2018.