

## Declaration form



First name and surname: .....

Address: .....

Number of ID card: .....

No.	First name	Surname
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I, being the guardian of the group of people from the list, give my consent to them participating in climbing activities at the climbing wall. I am aware that climbing is an activity with a danger of potential injury in spite of following the directions of instructors and I accept this risk. If someone from the list is involved in an accident which could result in his/her injury I won't make any claims to SAE s. c. I am aware that I should buy a health insurance for the group. I confirm that I have read and understood the Conditions of Use of the climbing wall, Climbing Spot Climbing and Bouldering Gym, and I agree to abide by the Conditions of Use.

Date: ..... Signature:.....

I've heard about the climbing wall from: .....

Type of a group: Erasmus/Students/School/Birthday