



DECLARATION OF CONSENT

First name	
Last name	
Date of birth	
Health insurance	
Insurant	
Insurance and insurance number	
Name and address of the family doctor	
Last tetanus vaccination	
Allergies or food intolerances	
Illnesses (e.g. asthma)	
Is regular medication required? <input type="radio"/> No <input type="radio"/> Yes. If yes, which?	

First emergency contact (name, address, mobile number)
Second emergency contact (name, address, mobile number)

We hereby affirm that we give our consent for our son/daughter to take part in all activities of the KONA Rookie Camp in Serfaus-Fiss-Ladis. We acknowledge, that we have been informed, that some downhill trails entail sophisticated sections and jumps. The use of and participation in all activities takes place at the participant's own risk and responsibility. We also give our consent, that our child is allowed to depart the group in agreement with the group supervisor during times at which no camp activities are taking place. We confirm, that we have been informed about the nature and method of all camp activities. Also we acknowledge the educational objective of the camp, namely a responsible codetermination by the youths. We have also informed our child, that the consumption of cigarettes and alcohol is prohibited.

Date

Signature guardian

Signature participant

Further information:

Waldbahn GmbH & Co OG Serfaus-Fiss-Ladis
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