<u>Acknowledgement and Acceptance of the Risks Associated with the Activity</u> <u>and with Infectious Diseases</u>

Participant's name:	Activity:		
Teacher's name:	Activity held from:	to	(DD/MM/YYYY)
I, the undersigned, participating in	the aforementioned Activity, acknowled	dge and agree as fo	llows:
explained; - I also acknowledge that thes abilities and behaviours, included in the second in the se	e risks may vary depending on the parding respecting the training principles, they duty to: etions and procedures that apply to the elevant information about my general he collities and inform the teacher if I am exping or after the Activity. In informed that the Activity can be stop ant to stop and rest if they notice any also	rticipant's state of the rules and the tea Activity; ealth condition; periencing any unw	health, physical condition, acher's instructions; ellness, discomfort, pain, or case of discomfort and that
<u>COVID-19</u> :			
 the risk of exposure and infect I also declare that neither I no with COVID-19 in the 10 days I also commit to inform the term 	r any person residing at the same addre	ss have experience ence any symptom	d any symptoms associated
I declare that I have read the co	onditions and risks set out in this for	m.	
Date :	(DD/MM/YYYY)		
Particinant's signature :			

Name in block letters : _____