

Acknowledgement and Acceptance of the Risks Associated with the Activity

Participant's name: _____ Activity: _____

Teacher's name: _____ Activity held from: _____ to _____ (DD/MM/YYYY)

I, the undersigned, acting as a parent or guardian of a minor child (17 years of age or younger) participating in the aforementioned Activity, acknowledge and agree as follows:

Risks posed by the Activity:

- I hereby acknowledge that practicing the above Activity involves certain inherent risks and that these have been explained;
- I also acknowledge that these risks may vary depending on the participant's state of health, physical condition, abilities and behaviours, including respecting the training principles, the rules and the teacher's instructions;
- I also acknowledge that it is my child's duty to:
 - Respect the rules, directions and procedures that apply to the Activity;
 - Give the teacher any relevant information about my general health condition;
 - Not push beyond my abilities and inform the teacher if I am experiencing any unwellness, discomfort, pain, or symptoms before, during or after the Activity.
- I acknowledge that I have been informed that the Activity can be stopped at any time in case of discomfort and that the teacher may ask a participant to stop and rest if they notice any abnormal symptoms or signs of exhaustion.

I declare that I have read the conditions and risks set out in this form.

Date: _____ (DD/MM/YYYY)

Parent's or guardian's signature: _____

Name in block letters: _____