PARENT'S CERTIFICATE OF THE CHILD

I the undersigned…………….……………………………………………………………………… I declare that my underage child
(Name and surname of the Parent)

………………………………………………………………………………………….. date of birthod the child: ………………………………
(Name and surname of the Child)

Child's Passport number or ID ……………..………….…. Full adress: ………………………………………………………………………………….

1. I declare that in the absence of health contraindications my child is able to participate in the competition:
XI GRAND PRIX FITNESS BY ALEKSANDRA KOBIALAK – WORLD FITNESS CHAMPIONSHIP,
date: October 25-27, 2024 at Miejska Hala Sportowa (Kazimierza Górskiego 1, Street) in Gdańsk, Poland.

2. I declare that I understand that the Organizer is not liable for damages (personal or material) caused to third parties by the Competition Participant. The participant in the proceedings who committed the damage is obliged to repair it.

3. I agree to the publication of photos and video materials (interviews, films from the performance on stage, backstage films and others) with the image of me and my child by the organizer of the "Akademia Fitness Sportowego" and Media Partners competition, which cooperate with the organizer.

4. I consent to the processing of my personal and personal data of my child by the "Akademia Fitness Sportowego" for the organization: XI GRAND PRIX FITNESS BY ALEKSANDRA KOBIALAK – WORLD CHAMPIONSHIP

HEALTH DECLARATION - COVID19:

I declare that my child, within 14 days prior to participation in the competition:

a) 1.the child has no infections and no symptoms suggesting an infectious disease:
b) 2. the child has no contact with the person in quarantine and the person suspected of being infected with the corona virus
c) 3. the child is not quarantined due to corona virus infection.

I declare that during the competition I will be available at the telephone number ……………………………… ….

I consent to my child's temperature being measured.

I undertake to pick up my child from the competition within 12 hours in case of any disturbing symptoms suggesting the child's illness.

I also assure you that my child has and practices knowledge regarding the rules of compliance with the sanitary regime: the rules of safe functioning during COVID19 (including frequent washing and disinfecting hands)

………………………………………………………………..………………
(Name and surname of the Parent)

(date, legible signature)