Declaration of Consent for the Participation of Minors 1/2 EUSTORY Next Generation Summit 2023

Next Generation Summit 2023

EUSTORY Next Generation Summit 2023 (28 September - 02 October 2023 in Prague, Czech Republic)

Particinant:

(please use BLOCK LETTERS) Last Name, First Name	
Address	
Date of Birth	
Telephone (incl. country code)	
Mobile Phone (incl. country code)	

I hereby confirm that my daughter/son takes part in the EUSTORY Summit 2023 in case s/he is accepted as participant.

I have taken notice of the programme and acknowledge that my child may participate in all parts of the event at his/her own risk, unless I declare objections below.

For the duration of the EUSTORY Summit 2023, I will put the responsibility for my child in the hands of the Summit Team, unless I have relieved them of their duties or the duty of custody is extinguished.

I have read and understood the <u>Terms and Conditions</u> and the <u>Privacy Policy</u> and particularly agree that:

- travel to and from the agreed meeting point in Prague, Czech Republic, lies within the responsibility of my child.
- upon arrival she/he will be met by a member of the Summit Team at the airport/train/coach station in Prague and will be taken back to the airport/train/coach station on the day of departure.
- during the Summit, advisors are available around the clock in person or via phone in case any problems or emergencies arise. However, there will not be uninterrupted 24h supervision of the participants and there will be no control rounds during the night.
- it is strictly forbidden to smoke or consume alcohol or drugs during the Summit.
- the advisors have to agree to all dangerous activities even within a group (e.g. swimming or other sports activities).
- the programme of the Summit is compulsory and the instructions of the advisors have to be followed.
- photos, audio recordings or videos taken of my child on the occasion of the event may be
 used for publication in all media e.g. on the internet, in video-clips and print media.
 Moreover, the participants agree on the publication of their work results for documentation
 purposes in print, radio, television or online (for the use and storage of this information see
 the <u>Privacy Policy</u>).

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Does your child have any illness/disease which needs to the state of t	
Does your child have to take any medicine? Yes ☐ If yes, please specify:	
Does your child suffer from allergies? Yes ☐ If yes, please specify:	
Does your child have any food intolerances or special of the specific speci	
May your child (after notifying the Summit Team) leave of at least three participants without any advisors/Sun Yes \square No \square	
Is there anything else the Summit Team must take int	o consideration?
I guarantee that my daughter/son will only take part in free of any severe and/or contagious diseases. In case I leave it to the discretion of a doctor to initiate any ne Summit Team and the doctor will always seek to constany steps are taken. Contact address of parent/legal guardian during the E (please use BLOCK LETTERS)	of an accident or illness during the Summit ecessary medical treatment. If possible, the ult the parent/legal guardian first before
Name	
Phone (incl. country code)	
Mobile Phone (incl. country code)	
Street	
Town	
Country	
I acknowledge that the responsibility of the advisors/S leaves the premises without notification or if she/he action of severe insubordinate conduct, my child can be sent	cts against the instructions/rules. In case
Place, Date	Signature of Parent/Legal Guardian