



Declaration of Consent for the Participation of Minors 1/2

EUSTORY Next Generation Summit 2024

(23 – 27 October 2024 in Riga, Latvia)

Participant:

(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 child takes part in the EUSTORY Summit 2024 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 event, 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 Terms and Conditions and the Privacy Policy and particularly agree that:

- travel to and from the agreed meeting point in Riga, Latvia, lies within the responsibility of my child.
- upon arrival my child will be met by a member of the Summit Team at the airport/harbour/ train- / bus station in Riga and will be taken back to this 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 risky 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 Privacy Policy).



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Does your child have any illness/disease which needs to be monitored? Yes No

If yes, please specify: _____

Does your child have to take any medicine? Yes No

If yes, please specify: _____

Does your child suffer from allergies? Yes No

If yes, please specify: _____

Does your child have any food intolerances or special dietary needs? Yes No

If yes, please specify: _____

May your child (after notifying the Summit Team) leave the premises during spare time in groups of at least three participants without any advisors/Summit Team members until 11 pm?

Yes No

Is there anything else the Summit Team must take into consideration?

I guarantee that my child will only take part in the EUSTORY Summit 2024 if she/he is free of any severe and/or contagious diseases. In case of an accident or illness during the Summit I leave it to the discretion of a doctor to initiate any necessary medical treatment. If possible, the Summit Team and the doctor will always seek to consult the parent/legal guardian first before any steps are taken.

Contact address of parent/legal guardian during the EUSTORY Next Generation Summit 2024:

(please use BLOCK LETTERS)

Name _____

Phone (incl. country code) _____

Mobile Phone (incl. country code) _____

Street _____

Town _____

Country _____

I acknowledge that the responsibility of the advisors/Summit Team members expires if my child leaves the premises without notification or if she/he acts against the instructions/rules. In case of severe insubordinate conduct, my child can be sent home at my expense.

Place, Date

Signature of Parent/Legal Guardian