

PLEASE  
FILL IN



**Participants:**

# Participant DECLARATION

Name:

Street, number:

Zip code, city:

Age:

Telephone number:

Date:

Email address:

Signature\*

\* in case of minors, signature of parent or legal guardian!

With your signature, you confirm (in the case of minors, the parent or legal guardian) that you have carefully read the General Terms and Conditions (GTC), the rules of use, and the information on data protection, and that you agree to them. You also confirm that you have no health concerns about participating. In which cases you should contact a doctor and clarify your suitability for use is stated in the health notice. You also confirm with your signature that you have read the health notice carefully.

## To be completed by trainer

Beginning: \_\_\_\_\_

Ending: \_\_\_\_\_

Issue of materials: \_\_\_\_\_



**WaldAbenteuer**  
ERLEBNISWELT



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