2020 WYSOKA GRZĘDA BAJA POLAND
03-06.09.2020 SZCZECIN, DOBRA, DRAWSKO POMORSKIE

STATEMENT

With this signature I declare that:
- I have read and understand and agree to comply with all the provisions of the document "SPECIAL CONDITIONS RELATED TO THE COVID-19 EPIDEMIC VALID DURING 2020 WYSOKA GRZĘDA BAJA POLAND".
- I am aware of the potential risks associated with participation in motor sport and accept that these risks may lead to loss of health and/or life;
- in connection with the COVID-19 epidemic extraordinary situation, I am aware of the existing epidemic risk;
- I participate in the Competition at my own risk and responsibility;
- I am physically and mentally capable of participating in the Event;
- I am not subject of mandatory quarantine;
- I currently have no symptoms of COVID-19 and have not had contact with anyone showing symptoms in the last 14 days;
- if I start showing symptoms of COVID-19 during the Competition, I will immediately withdraw from further participation in the Competition in a safe manner and notify the Organizer's staff, indicating the persons I had contact with during the Competition;
- I waive, to the fullest extent permitted, my rights to any and all claims for any losses and/or damages and/or harms that may occur during the Competition to myself and my accompanying persons. This waiver applies to the Organizer, the Organizer's staff members, the owners and staff of the facilities and areas where the Competition takes place, and other Participants who have been registered.
- I agree to the processing of my personal data by the Baja Poland Foundation (Personal Data Administrator) pursuant to Article 6(1)(a) of Regulation (EU) 2016/678 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (General Data Protection Regulation).

NAME: …….

SURNAME: …….

COMPETITOR / TEAM MEMBER / MEDIA / OFFICIAL / MARSHAL / ORGANISER STAFF*
** select correct*

START No*:
**applied to COMPETITOR/TEAM MEMBER*

PHONE NUMBER:……

Measurement of the Participant's body temperature (filled in by the person performing the measurement designated by the organizer):

Time: Temperature:_____°C

Date and place Legible Signature

…… **……**