

PARTICIPANT'S DECLARATION

*** The upper segment is to be filled by all participants below 18 years of age.**

(Name of parent), (passport / ID number)....., as mother / father of (name of child)....., hereby grant authority to (name of accompanying person)....., to represent me and take action in my name and my behalf with full legal powers during the Diaspora Programme.

By signing this document, I give consent to my child's participation in Rákóczi Association's Diaspora Programme.

.....

Parent's signature

.....

Accompanying person's signature

Witness no. 1: Name:

Witness no. 2: Name:

Signature:

Signature

.....

*** We kindly request all participants to fill out the document. The form must also be filled by accompanying persons.**

1. I confirm that my health condition is adequate for participation in the programme and do not suffer from any infectious disease.
2. By signing this document, I approve photographs of participants taken during activities being used on organizers' own surfaces.
3. By signing this document, I confirm having read and approved Rákóczi Association's Data Protection Regulations and Privacy Policy, which are in accordance with current legal requirements and are available at www.rakocziszovetseg.org.

.....

Date

.....

Signature