

ČESKÁ SPELEOLOGICKÁ SPOLEČNOST CZECH SPELEOLOGICAL SOCIETY

150 00 Praha 5, Na Březince 14

		(h	ereinafter referred	to as "E	xcursion")	
	Name and surname of the participant	Date of birth	Place of residence	I am/am not a member of the Czech Speleological Society. If you are a member, please tick clearly and state which basic organization you are a member of.		Signature
				-		
herel	by declare that:	1				
	I have familia the Czech Spe	leological So	ciety on 22 Decembe	r 2020 ur	the Czech Speleolog nder reference no. ne "Security Directive	,
	I am particularly familiar with the provisions of the Safety Directive that relate to the Excursion					
	for the entire duration of the Excursion, I will comply with all obligations and recommendations resulting from the Safety Directive and I will heed the instructions of the Excursion leader;					
	I am familiar with the Excursion schedule;					
	I am familiar with and understand all the risks associated with participation in the Excursion;					
	I have enough information to be able to make a free decision about my participation in the Excursion, and to assess whether I am medically fit to participate in the Excursion;					
·.	I am medically fit to participate in the Excursion;					

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In:..... Date:....