Wakacje z Bogiem dla mlodziezy 31 maj – 3 czerwca, 2022

MEDICAL/LIABILITY RELEASE

AND ACKNOWLEDGMENT OF RISK

Participant's name:			
Born: / / (imię i nazwisko uczestnika) data ur. (miesią	ąc / dzień / rok)		
Address:	Citv:	State: Zip:	
(adres zamieszkania)			
Physical conditions that event organ (choroby i dolegliwości, o których organizato			
MEDICAL INSURANCE:			
☐ Participant's agency name and po (nazwa agencji ubezpieczeniowej i numer u			
☐ Purchased for the time period of t (ubezpieczenie wykupione na czas wyjazdu			
I hereby certify that the above redisease. In case of medical empermission to representatives associated organizations and insurance company or myself we provided by TRIP (SAINT CHRI-basketball, rafting, skiing, snowbowhich could result in physical understand that such certain risk the activity. I agree and assume in this activity is voluntary. I also and hold harmless TRIP-SAINT BOZEGO W LOMBARD from an event. SAINT CHRISTOPHER injury, death, damage or loss of any and all acts of a third party TRAVEL, INC reserves the right insufficient number of participal decline to accept or retain an CHRISTOPHER TRAVEL, INC. authorization to use photos an purposes. I understand and accept all terms (Rozumiem i akceptuję wszystkie weight in the standard and accept all terms (Rozumiem i akceptuję wszystkie weight).	ergency (taking place dur of TRIP (SAINT CHRI services to secure treatill cover all medical costs STOPHER TRAVEL, INC. or emotional injury, park cannot be eliminated with all of the risks existing in the hereby voluntarily released to CHRISTOPHER TRAVEL by and all claims, demand TRAVE, INC. and/or its appersonal belongings, delay, or any other cases bey to cancel, change, or subtants. SAINT CHRISTOPH by event member at an and PARAFIA PW. MIL and videos of you and your sand conditions presented.	ring the course of the event) ISTOPHER TRAVEL, INC.) ment for enrollee. I also ce a lacknowledge that some of all acknowledge that some of any entail known and unantifications, death, or damage to thout jeopardizing the essention this activity and certify that my experience and agreed and any entail and the properties of the any or accidents of means of the activity and their control. SAINT CH astitute any service for any real HER TRAVEL, INC. reserves by time. My registration provide the me in the English language and the me in the English language.	I hereby give and other and other trify that my the activities iding, soccer cipated risks or enrollee. If all qualities of participation in the any sickness ansportation, RISTOPHER son including the right to vides SAINTOMBARD the promotional ge.
Signature			/ / 2022

Numer telefonu rodzica / opiekuna

Data

Podpis Rodzica