

PARTICIPANT FORM

Details of Participant I: Details of Participant II: Details of Participant III: Details of Participant IV:

.....
Name Name Name Name

.....
Date of birth Date of birth Date of birth Date of birth

I, the undersigned, confirm that:

1. I have read and understand the content of the Regulations of the High Ropes Park in Ustroń (hereinafter referred to as: Regulations)

Participant I	Participant II	Participant III	Participant IV
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Statutory Representative / Legal Guardian			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	

2. I accept and agree to abide by the provisions of the Regulations

Participant I	Participant II	Participant III	Participant IV
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Statutory Representative / Legal Guardian			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	

3. In case of minor(s) of whom I am a Statutory Representative / Legal Guardian:

- a) I enter into a contract with Artur Ciszewski, running a business under the name FUNTOUR CISZEWSKI ARTUR with its registered office in Ustroń, 43-450 Ustroń, ul. 9 November 4, in compliance with the rules described in the Regulations regarding the use of the services offered by the Park by minors and I agree to the use of the Park's services by the above minor.

Statutory Representative / Legal Guardian	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

- b) having acquainted myself with the routes offered by the Park, I agree to use of these routes by the above minor, despite the age limits indicated in the Regulations.

Statutory Representative / Legal Guardian	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

4. I have read and understand the content of the information clause.

Participant I	Participant II	Participant III	Participant IV
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Statutory Representative / Legal Guardian			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	

5. I consent to the processing of my personal data given in this Participant Form by Artur Ciszewski, running a business under the name FUNTOUR CISZEWSKI ARTUR with its registered office in Ustroń, 43-450 Ustroń, ul. 9 Listopada 4 (NIP 5481381891, REGON 070047530) and I accept that the processing of this personal data is necessary for the conclusion and performance of the contract with the Park Organizer on the terms indicated in the Regulations.

Participant I	Participant II	Participant III	Participant IV
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Statutory Representative / Legal Guardian			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	

– Check as appropriate

(day – month – year and printed name)

(day – month – year and printed name)

(day – month – year and printed name)

(day – month – year and printed name)