



**DECLARATION OF CONSENT OF PARENTS (LEGAL GUARDIANS)  
TO PARTICIPATION OF THEIR CHILD/ WARD  
IN NORDIC WALKING POLISH CUP**

We, the undersigned / I, the undersigned give my consent to participation of our / my child<sup>\*\*)</sup>

.....  
*name and surname of the child, her/his birth date*

in sports competition event (competition series) of Nordic Walking Polish Cup

which will be held on (*date/s*) .....

..... in .....

I declare no medical contraindications regarding my child's participation in sports competition.

I give my consent to making decisions by the supervisor, organiser of the competition, related to any danger to health and life or my child.

I give my consent to collection and processing of the personal data of my child by the organisers for the purpose of organisation of Nordic Walking Polish Cup by the Polish Nordic Walking Federation and to publication of recorded images in information and materials from the referred to competition event/s.

.....  
*date and place*

.....  
*readable signature of parent/s / guardian/s*

.....  
*telephone number of the parent/guardian*

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\* if not applicable, please, delete.