



PLANINARSKI KLUB
LJUBOTEN

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ul. „K.J. Pitu“ br.6, Tetovo R.S Makedonija

COORDINATOR STATEMENT

I undersigned _____ (name and surname), with no. on ID card / passport _____, ID _____, identification card with _____, issued by the club/ association _____, in common sense, pure consciousness, free will, complete (material, criminal and any) responsibility, I accept the following:

1. With this statement I confirm that I am in a good psychophysical health needed for the traditional mountaineering activity “Titov Vrv 2023”, organized on 28.05.2023 and I accept to be part of it.
2. I am completely familiar with the program of the event and I accept the rules of conduct for before, during and after the activity, defined by the organizer, recommendations of the organizer and recommendations of FMSM and I will follow them.
3. I will inform the registered participants (form attached) of the club/ organized association for:
 - the program of the event, acceptance of the rules of conduct for before, during and after the activity, defined by the organizer, recommendations of the organizer and recommendations of FMSM.
 - Safe movement along the trail and taking full personal responsibility (material, criminal, and any other) for the consequences of the risks that we will take when moving along the trail.
 - Awareness for health and body risks that may occur during such an action and accept them as such, and thus release the organizer from liability for the eventual occurrence of those risks.
 - Disobedience of the rules and obligations during the action will mean the release of the organizer from any liability (criminal, material or other kind of responsibility), as well as the release of the organizer from the consequences and actions undertaken by the registered club/ organized association.
4. My signature on this statement is my acceptance for sharing with the organizer my personal information as part of this statement. The organizer has the right to use them for my identification of and about the event, as well as regarding the obligations and responsibilities that I have undertaken with this statement.

Date

Coordinator

Name and surname, signature

