

INFORMATION AND AUTHORIZATION

kayaking/snorkeling/trekking excursion of ____/____/____

To be filled in by adults

The undersigned _____

Place of birth _____ Date of birth _____

If of minor age, to be filled in by parent/legal tutor

As parent/legal tutor of _____

Place of birth _____ Date of birth _____

DECLARES

- to have been informed by the staff of the Nemo Association on the programming and implementation of the canoeing/snorkeling/trekking excursion and consequently of all the hazards associated to it.
- to have been informed that dangerous situations may also occur during transfers to excursion sites.
- to be aware that as a result of such hazards, the possibility of having damages to my personal property and/or injuring oneself exists. I accept this risks and hazards.
- to take part in the excursion / to authorize the above mentioned minor to participate in the excursion that has been proposed to me and of which I received all the preliminary information needed and required by me.
- to undertake to follow the instructions and recommendations given to me.
- that the furnished equipment works and is in good conditions.
- to authorize the Nemo Association to use the audio/video material taken during the activity.
- to be in good health and not suffering of any kind of illness or disease / that the above mentioned minor is in good health and not suffering of any kind of illness or disease for which canoeing/snorkeling or amateur swimming/trekking, urban hiking, walking in natural environment, is not recommended.
- to be aware of the obligations and requirements for the containment of the Covid-19 epidemic.
- to be aware of the obligation to stay at home in the presence of fever (over 37.5°C/99.5°F) or other flu symptoms and to call your family doctor and the competent Health Authority.
- that in the last 14 days, I have not had contacts with subjects tested positive for COVID-19.
- that I have not a body temperature above 37.5°C/99.5F or other flu symptoms.
- The information I have provided is accurate to the best of my knowledge.

- I AGREE that any omission in communicating details relating to my current or past health condition falls under my responsibility.
- I AGREE to inform the NEMO ASSOCIATION of any symptoms that I may encounter after completing this declaration and / or after coming into contact with someone who has tested positive for COVID-19 after signing this declaration.
- I AGREE to follow all instructions provided for the purpose of complying with current regulations on the prevention of virus transmission, including - if required - the need to undergo body temperature measurement before participating in activities.
- I AGREE, if asked to do so, to wear a protective mask while participating in all the activities organized by ASSOCIAZIONE NEMO, and to take all reasonable preventive measures that may be required from ASSOCIAZIONE NEMO or any competent public authority.
- I ACKNOWLEDGE and AGREE that this declaration is shared by ASSOCIAZIONE NEMO with the competent authorities or service providers, with the aim of ensuring the safety of any third party who may have been in contact with me before, during or after carrying out the activities.
- that no other oral or written agreements have been added to this declaration.
- to have carefully read this statement, consisting of n.2 pages, to have perfectly understood it and to accept all the points indicated in it / to authorize the above-mentioned minor to take part in the activity, entirely aware of what has been communicated in this statement.

Date ____/____/____

Signature _____