



**I get my parents to fill in this form,
pick up my training shoes, and I'm on my way!**

My family name _____

My given name _____

My date of birth _____

My address _____

Post code _____ Town _____

Telephone number _____ E-mail _____

Parent or legal representative

Family name _____ Given name _____

Date and signature _____

By completing and signing this form as the parent/legal representative of the Olympic Week participant, I accept the conditions for participating in Olympic Week.

Participation conditions

Insurance, liability

The activities take place under the full responsibility of the parents or legal representatives. Each participant is responsible for their own insurance. The organisation declines all liability in the event of accident, damage or theft.

Photos, image rights

The Museum informs the participants in Olympic Week and/or their legal representatives that moving or still images are taken during the event (hereinafter the "Images"). By participating in Olympic Week, the participants and/or their legal representatives accept that the Images will be used by The Museum for the Olympic Movement's promotional and communications purposes.

This use will be without limit in terms of time, space or medium, and will not be the subject of any compensation towards the participants and/or their legal representatives.