

Binding Agreement Training

Please fill out this form properly and send it back by Email to: JFR@asb-die-samariter.de or FAX +49 9841 669044
Thank you for taking part in our training! Further questions can be addressed to the given Email address.

Training: name - no
date:

I declare, that I will take part at the training and respect the imposed rules by the project staff members.
The payment has to be done with this agreement by bank. After request it is possible to pay by cash.
The costs are including all topics according to the current announcement.

Payment to: ASB MTC IBAN: DE38 7606 9372 0000 0440 83 BIC: GENODEF1WDS Raiffeisenbank

First name

Last name

Date of birth

Email

Street no.:

City

Zip code

Country

Mobile - phone

Organisation

I'm a vegetarian Yes No

I have food
allergies

I agree, that photos or videos or reproductions of those in changed or unchanged form can be used by ASB, ASB media – data-bank and others handling in the name of ASB. Photos and videos can be used without time, place or contentwise restriction for advertisement purposes, documentation or publication. I agree that all entitled requirements in term of ASB or third (handling in the name of ASB) are paid off. I declare my renouncement for denomination, but I also agree, if my name is announced in connection with the photos.

Agreement Yes No

Important for Youngsters under 18 years

My/our son/
daughter has
health problems Yes No

He/she needs
regularly
medication

He/she is able to
swim alone without
assistance Yes No

He/she is allowed to go for city walks or small
trips or shopping in small groups (minimum 2) Yes No

City

Date

Signature Participant

Signature parents - legal guardian