



CONSENT FORM of the parent/guardian

Name of participant: _____

Date of birth of the participant: _____._____._____

Name of the parent/guardian: _____

Phone number of the parent/guardian: _____
(for possible verification of this information and as emergency contact).

I hereby confirm that the above-stated date of birth of the child in my custody is correct and, to the best of my knowledge, my child is in **good health** (with the obligation to provide information regarding the use of medication; no physical or psychological conditions) and is **not pregnant**. My child does not suffer from epilepsy, heart and circulatory diseases, high blood pressure, musculoskeletal damage, osteoporosis, eye problems (such as eye pressure, glaucoma, cataracts, prior eye surgery, etc.), mental illnesses, ear diseases with balance disorders, thrombosis, or any other conditions. I acknowledge that if any such conditions are present, medical advice must be sought independently before participating in the sometimes challenging and risk-involved activities at AREA 47. By signing this document, I confirm that my child meets the requirements for participation in this sport and that none of the above-mentioned impediments exist.

For participation in the sports offered at AREA 47, specific abilities such as **sure-footedness**, a lack of **fear of heights** (i.e., no intense acrophobia), **good swimming skills**, and **safe cycling**, depending on the tour or attraction, are essential prerequisites. I hereby confirm that my child meets these requirements.

Furthermore, the various activities at AREA 47 (e.g., high ropes course, climbing, bungee jumping, blobbing, slip'n'slide, canyoning, rafting, wakeboarding, mountain biking, etc.) involve **dangerous activities** that carry **various risks**. These risks may result from (but are not limited to) forces acting on the body, the danger of falling, natural hazards (including the risk of drowning), failure to follow instructions, misconduct by the participant or others, and typical risks associated with sports activities (e.g., twisting an ankle, etc.). The realization of these risks can result in serious bodily harm (including death), pain, emotional stress, trauma, property damage, financial losses, etc. Fearful individuals or those who have clearly overestimated their abilities should immediately inform the guides.

I have informed my child that they must strictly **follow all instructions** given by **the guides** and other AREA 47 staff members. Additionally, they will adhere to the applicable and communicated rules at all times. Safety drills, which serve their own protection, will be participated in under the guidance of the instructor.

For safety reasons, we recommend removing all jewelry (including body jewelry) and other sharp objects before beginning the activity. No liability is assumed for the loss or damage of personal belongings, glasses, contact lenses, watches, cameras, etc.

I am fully aware of all these risk factors and hereby **permit** my child to **independently participate** in all activities offered at AREA 47.

Place & Date

Signature of the parent/guardian

For the purposes of processing the participant agreement and defending against potential liability claims, AREA 47 Betriebs GmbH (the "Data Controller") processes the name and date of birth of the participant, and possibly the names and contact details of the legal guardian or an emergency contact. The data will be deleted after the expiration of the statutory retention obligations and the applicable limitation periods. Under the GDPR, the participant has the right to access the personal data concerned, to rectification, erasure, or restriction of processing of the personal data, as well as a right to object to the processing of the personal data and a right to data portability. In the event of an alleged infringement of data protection regulations, the guest may have the right to lodge a complaint with the data protection authority.

