

Parent Declaration for Iron Swim Summer Camp

1. Child's name:	
2. Child's date of birth:	
3. Child's address:	
4. Child's mother's name:	
5. Child's social security number	er:
I, the undersigned, declare tha	nt the child does not have the following symptoms: fever, sore
	in rash, jaundice, other severe skin lesions, skin discharge,
discharge from the eyes, runny	
My child has not been in conta	ct with a patient diagnosed with coronavirus in the past 2 weeks. I
	, asymptomatic and able to go out into the community.
Medication allergies:	
	sugar etc.):
	health:
	ssuing the declaration:
D	Declaration for taking a photo
Signed,	
o Name:	
o Date of birth:	
o Mother's name:	
o Address:	
on the basis of the information reco	eived prior to the recording, voluntarily, freely and unequivocally
pursuant to Article 2:48 of Act V of	2013 on the Civil Code and Article 6(1)(a) of the General Data
Protection Regulation (GDPR)	
*on my ow	n behalf / *as a legal representative
consent to	
*about me, and/or	
	and / or my minor relative as described below:
I do not consent to	

Where to take the recording: Duna Arena, Dagály Fürdő, Superfly Budapest

I authorise this on the basis of my consent:

- 1. To record (name of photographer, film maker, videographer): by Iron Swim
- 2. IRON SWIM Sports Club as, entitled to the admission
- on the official website of the Sports Club (https://ironswim.hu);
- the official Facebook and Instagram pages of the Sports Club.

I am aware and accept that the image (photo and/or video) and/or audio recording of me may, due to the nature of internet technology, be received, copied and published on the media service provider's own platform by other media content providers after publication.

Done at Budapest, 2023	-	
		Legal representative
Parental declaration o	n the release or	return of the child
Name of the child:		
Can be released on his/her own: yes	/ no	
If no, to whom the child can be released:		
Name	Telephone number	
		
Budapest, 2023		
		Legal representative

