

Croatian Travel Club Ltd. travel agency

a. Velimira Škorpika 17b, Šibenik, Croatia m. + 385 99 327 8900 e. info@croatiantravelclub.com www. croatiantravelclub.com Privredna banka Zagreb | IBAN: Hr6723400091110466857

STATEMENT OF EXCLUSION OF RESPONSIBILITY

of Zipline activity

- 1. I declare that I voluntarily and exclusively take part in zipline activity (hereinafter **Activity**), which is run and organized by the Croatian Travel Club Ltd., Velimira Škorpika 17B, 22000 Šibenik (hereinafter **Organizer**). I declare that I am familiar with all possible risks that this Activity contains. By signing this Statement I release the Organizer of responsibility, as well as guides, other participants and third parties for any accidents, injuries, possible snake bite, damaged health status and any other material and non-pecuniary damage I may have incurred as a result of my participation in the Activities, and I waive the right to compensation for damages from all the above mentioned grounds.
- 2. This statement refers to the entire time of participation in the Activities, which includes the time period from the moment I enter the business premises of the Organizer, ie from the moment I arrive to the start point of the Activity, more precisely from the moment of dressing up the zipline equipment until the moment of my return from the scope of the said Activity mentioned, ie until the moment of removal of the zipline equipment.
- 3. I declare that I will abide by all the rules and oral instructions given by the Organizer and guide, and that I am familiar with the rules of behavior in the area of significant landscapes (it is forbidden: making open fire, picking, collecting, cutting, excavating self-threatened and protected plants and fungi, as well as deliberate capture and/or killing of animals/fauna and damaging or destruction of their nests, litters and developmental forms, pollution of water and the environment in the area of significant landscape "Watercourse and Canyon of the River Čikola") and that I will obey them.
- 4. I am familiar with the fact that the Organizer does not allow the activity of people affected by alcohol and / or narcotic substances. By signing this statement, I confirm that I am not under the influence of alcohol and / or other narcotic substances.
- 5. I know that the Organizer forbids participating in activities for pregnant women and heart patients. I am familiar with the fact that if I have problems with epilepsy or other health problems I am obliged to report this fact to the Organizer before the start of the Activity. I declare that I am in good health to participate in the Activities, and I confirm that I am aware of all the risks inherent in this Activity.
- 6. In case of injury, disruption of the health status or allergic reaction to a particular medication as a result of participation in this activity, by signing this declaration, I release the Organizer's responsibility and authorize the representative of the Organizer to take me to the doctor and I undertake to bear all the costs of providing the necessary medical services.



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- 7. I'm familiar with the fact that the Organizer does not take responsibility for lost or damaged items during the Activity, and that I will be responsible in the case of damaging of the equipment which I use during the Activity, and which is the property of the Organizer.
- 8. I'm familiar with the fact that in the case I give up from the zipline activity, there is no money refund.
- 9. I have been informed that all videos and photographic records recorded by the Organizer during the Activities are solely the property of the Organizer, and by signing this Statement I renounce all rights to the same as the rights to any fees related to the use of the said materials. I hereby agree that the Owner reserves all rights to use, copying, and distributing all recorded videos and photo materials, recorded during activity.

I declare I voluntarily sign this Statement, that I understand the consequences of my signature and that I agree with all the above mentioned allegations.

* Note: For persons under the age of 18, consent to all claims should be given by the parent / guardian.

NAME AN	ND SURNAME	COUNTRY/STATE	ID NUMBER/PERSONAL NUMBER	SIGNATURE
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n Šibenik, on	, 2019.	