



ŠPORTNO DRUŠTVO



mikron
omikron plus



AUTHORIZATION

in case of an Accident

Undersigned _____, starting number _____, I authorize the organizer / Clerk of the course of 4. Rally Železniki 2017, that in case of my accident during the event, contact the person below:

Name and surname: _____

Mobile phone: _____.

I also allow the organizer / Clerk of the course of the same rally to obtain information about my state of health from my treating physician in the case of my health care.

Železniki, June 30, 2017

Signature: _____