DECLARATION OF PARENTAL RESPONSIBILITY

EDU ROBOT CAMP

The undersigned by parent

parent	name:
addres	S:
ID card	number:
phone	number:
email a	address:
and by	coach
coach	name:
addres	S:
ID card	number:
phone	number:
email a	address:
1.	By signing this declaration, I agree that my child named, aged, for
	Hungarian participants social security number (TAJ) or other health insurance number for international participants:), accompanied by coach
), may participate in the Edu
	Robot Camp organised by Edutus University (registered seat: H-2800 Tatabánya, Stúdium tér 1, FI83139, represented by: NÉMETHNÉ Dr. GÁL Andrea, Rector) (hereinafter referred to as "the
	Organiser") between August 10-16, 2025, in Miskolc, Hungary.
2.	I acknowledge and agree to be bound by the terms and conditions for registration and
	participation in the camp and agree to my child's obligations by registering.
3.	I acknowledge that everyone shall participate in the event at their own risk. As the legal
	representative of my child, I accept responsibility for any material or moral damage, personal

4. I acknowledge that I may not submit a claim to the organiser for any damage or personal injury caused in connection with the event.

injury or accident caused by my child or suffered during the event.

related declaration to the camp leader at the start of the camp.

5. I am aware that my child can only start the camp if he or she is in good health, and I will give the

6.	I declare that: - my child is on permanent medication: - allergy: - special diet: - other special requests:	
7.	I consent to my child participating in the camp and all its activities. I have taken note of the camp rules (standards of behaviour) and programmes, and my child and I have understood and interpreted them, which I confirm with my signature on this declaration.	
8.	I acknowledge that the organiser shall use the personal data of the child only for the purposes of the organisation of the camp and only to the extent and for the period necessary for ensuring his or her participation and safety in the camp. The child's data shall be deleted at the end of the camp, and the organiser shall keep the data necessary for billing for 8 years. The declarant may contact the organiser at any time in connection with the processing of personal data but also has the right to apply to the National Authority for Data Protection and Freedom of Information with any request of access, rectification, erasure, restriction and portability, request for information, complaints and objections: H-1055 Budapest, Falk Miksa utca 9-11., H-1363 Budapest, Pf.: 9.; phone.: +36-1-391-1400; e-mail: ugyfelszolgalat@naih.hu. I have familiarised myself with and acknowledged the contents of this privacy statement, which I confirm with my signature:	
	YES / NO	
9.	<i>I AGREE / I DO NOT AGREE</i> that photographs, as well as audio and video recordings (photo and video) may be made of my child, which shall be used by the organiser for marketing purposes only.	
I have carefully read and acknowledge the above, and I make and sign the declaration of my own free will:		
Date:	day month, 2025	
Si	ignature of parent, guardian Signature of coach	

PARENTAL DECLARATION Annex 2 to the NM Decree 12/1991 (V. 18.) Content of the parental declaration

1. Name of child:
2. Birthday of child:
3. Address of child:
4. Mother's name of child:
5. I declare that
5.1. the child has none of the following symptoms:
5.1.1. Fever
5.1.2. Sore throat
5.1.3. Vomiting
5.1.4. Diarrhoea
5.1.5. Skin rash
5.1.6. Jaundice
5.1.7. Other more serious skin lesions, skin tags
5.1.8. Mucous eye disease, purulent discharge from the ears and
nose
5.2. the child is free from lice and scabies.
6. Name, signature, address, phone number of the legal
representative issuing the declaration:
7. Date of issue of the declaration: