



# TERMS AND CONDITIONS ACCEPTANCE FORM "ZIPLINE VAGLI PARK"

I, the undersigned (Name and surname) \_\_\_\_\_ born in

on D \_\_\_/M \_\_\_/Y \_\_\_\_\_

Home address: \_\_\_\_\_ City/Town \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Mobile phone \_\_\_\_\_ e-mail \_\_\_\_\_

## HEREBY DECLARE

**FOR MYSELF**

and/or as (please tick)

**PARENT**

**GUARDIAN (ON BEHALF OF THE PARENTS)**

Of the minor(s) (name and surname) \_\_\_\_\_

### Minor's home address

That I have read and understood the terms and conditions of the zipline, available at the arrival station and on the company's website: [www.vaglipark.it](http://www.vaglipark.it); That I am not, and/or the minor(s) are not, suffering from temporary or permanent psychophysical conditions that may put myself or other people in danger during the "VAGLI PARK ZIPLINE" flight.

That I and/or the minor(s) will undertake the flight only after:

- Having checked out the zipline from a distance and being aware of its characteristics;
- Having been given the instructions by the trainers during the theoretical and practical briefing and having understood them;
- Having understood that the flying gear and equipment shall be worn as arranged by the designated staff and shall not undergo any modification.
- Having secured all of my/the minor's objects and personal belongings so as to prevent them from falling and having understood that I am liable for any damage to third parties, inanimate things or animals caused by the falling of the above-mentioned objects during the flight.

### LIABILITY WAIVER

As parent/ legal guardian of the above mentioned minor(s), I, the undersigned, hereby authorize the minor(s) to fly on the "VAGLI PARK ZIPLINE" in accordance with the terms and conditions. I, the undersigned, hereby release the company from any and all liabilities towards possible injuries caused by the activity and towards damages to people and/or objects, being aware that possible accident insurance costs are to be paid by the flight participants. Pregnant women, people suffering from heart diseases, epileptics, people afflicted with asthma or other respiratory diseases and disorders, as well as people suffering from vertigo and people with physical or psychic disabilities that may interfere with the safety of the flight shall not undertake the zipline flight. Access to the zipline is also prohibited for people suffering from psychiatric illnesses and disorders, people with altered mental or physical status under the influence of alcohol or drugs, as well as anybody whose condition may endanger themselves, other people or the zipline. I, the undersigned, hereby declare that I am (and if applicable that the minor(s) of whom I am parent/guardian is/are) in a normal mental and physical state and that I/they don't suffer from any of the above mentioned conditions or illnesses of any kind that may somehow make the flight unsafe, for myself/themselves, for other people or for the zipline.

Read, confirmed and signed.

DATE D \_\_\_/M \_\_\_/Y \_\_\_\_\_ LEGIBLE SIGNATURE \_\_\_\_\_

### PRIVACY REG. UE 679/2016:

I, the undersigned, hereby declare that I have received the information set out by Art. 14 of the EU GDPR Regulation 2016/679 and that I am aware of the rights that it establishes. I therefore authorize the use of my personal data, provided in the booking process.

DATE D \_\_\_/M \_\_\_/Y \_\_\_\_\_ LEGIBLE SIGNATURE \_\_\_\_\_

### PICTURES AND VIDEOS:

I, the undersigned, hereby authorize the company to take and use free-of-charge photographs/ videos, for the promotion of the activities and security check.

I GIVE MY CONSENT  I DO NOT GIVE MY CONSENT

I, the undersigned, hereby authorize the publication of such photographs/videos on the following website: [www.vaglipark.it](http://www.vaglipark.it)  I GIVE MY CONSENT  I DO NOT GIVE MY CONSENT

### MANAGER OF THE PROCESSING OF PERSONAL INFORMATION

Finally, we would like to remind you that at any time you'll be able to exercise the rights under art. 15, 16, 17, 18, 19, 20, 21 of the EU Regulation 2016/679 by contacting the manager of personal information, Dylmahr Serra c/o VAGLI SOTTO PARK s.r.l. (manager of the processing) with registered office in loc. Serretta, Campocatino 55030 Vagli Sotto Lucca; or by email at :[info@vaglipark.it](mailto:info@vaglipark.it)

DATE D \_\_\_/M \_\_\_/Y \_\_\_\_\_ LEGIBLE SIGNATURE \_\_\_\_\_

### VAGLI SOTTO PARK S.R.L.

Sede legale e amm.va: Fraz. Campo Catino loc. Serretta snc - 55030 Vagli Sotto (LU)

Tel: 0522 611533 - Fax: 0522 611535 - E-mail: [info@vaglipark.it](mailto:info@vaglipark.it) - PEC: [vaglisottopark@legalmail.it](mailto:vaglisottopark@legalmail.it) REG. IMP. LU C.F. e P.IVA 02440270466

Cap. Soc. € 24.000,00 i.v. **sito web: [www.vaglipark.it](http://www.vaglipark.it)**