



XXVIII GIOCHI NAZIONALI TRAPIANTATI – XXV GIOCHI NAZIONALI DIALIZZATI

PINETO (TE) – june/1-3/2018

**SUPPORTERS/RELATIVES REGISTRATION FORM and RELEASE OF RESPONSABILITY**

Send via e-mail: [info@aned-onlus.it](mailto:info@aned-onlus.it) - fax: +39 02.864439

I, the undersigned.....

Place of birth.....date of birth.....

Address (city).....street.....N.....

e-mail.....Tel.....

ACCOMPANYING PERSON/RELATIVE OF.....

**INTEND TO TAKE PART AS SUPPORTER TO GIOCHI NAZIONALI TRAPIANTATI E DIALIZZATI IN PINETO**

I REQUEST N.....NIGHTS IN DOUBLE/TRIPLE ROOM ☐

I REQUEST A SINGLE ROOM: ☐

I'D LIKE TO SHARE MY ROOM WITH:.....

☐ I REQUEST N..... EXTRA NIGHTS .....check out on (indicate the day).....

I WILL ARRIVE in Pineto (what day).....at (what time)..... I WILL DEPART from Pineto (what day).....at (what time).....

**RELEASE OF RESPONSABILITY (for all participants)**

I intend to take part in the "Transplanted and Dialysed National Games" which will take place in Pineto (Italy) from 1 to 3 June 2018 and hereby release ANED, ANED SPORT and all the organizers for any damage caused to me or caused by me as a result of my participation.

I accept that informations about me are given to journalists of print media, radio, TV and electronic media and I agree to release interviews or photographs on the aforementioned media and authorize ANED to their use and publication and use of my image, however useful to promote the event, knowledge of the problems of kidney disease and the culture of transplantation

DATE \_\_\_\_\_ SIGN \_\_\_\_\_

For participants underage is mandatory the sign of one parent