SELF-CERTIFICATION FORM

| Declarant's name: | |
|--|---|
| Date of birth: | |
| Place of birth: | ······································ |
| Province/Country: | |
| Address: | |
| Telephone: | |
| I DECLA | RE |
| under my resp | onsability |
| that i will partecipate, as a free choise, by subscriving the the fourth meetinf of Abruzzo, reserved to ARACI's and a under member's invitation, organized by Rotary Club Te of Rotary Club Atessa Distretto 2090- Italy. | ACHAFR's members, from Rotary and Rorataract or |
| I declare that I read and fully accepted what follows: | |
| Virus; - to guaranteee that the car used in the meeting damages about third persons, other partecipants | organizers to achieve the programme; ed to the epidemiological situation due to Covid-19 is covered by a proper insurance contract to cover s, drivers and carers. abilities related to every harmful events about my |
| Place/Date,/ | |
| | Declarant's Signature |