



Česká hudební společnost – Spolek přátel krásných umění  
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## Parental Consent for Participation and Provision of Medical Services

### I, the undersigned:

Name, Surname, Title:.....

Address: ..... Date of Birth: .....

E-mail: .....Tel.: .....

### as the legal guardian of:

Name and Surname of the Participant:.....

Address: ..... Date of Birth: .....

hereby consent to my daughter's/son's participation in the event "**Interpretační kurzy Litomyšl 2025**" from **July 7 to July 18, 2025**, in Litomyšl.

Furthermore, I also consent to the provision and arrangement of urgent medical care. The attending physician will always decide on the scope of necessary medical services required to save the participant's life or prevent serious health damage.

In ..... on .....

.....  
(Signature of the Legal Guardian)

### Conditions for Acceptance of a Minor Participant:

A prerequisite for accepting a minor participant is the legal guardian's (parent's) consent to participation in the interpretation courses, where no pedagogical supervision is provided. The participant must submit this consent upon registration. The participant independently attends lessons, studies, and accompanying programs.

In case of non-compliance with the **Conditions of Participation in the Interpretation Courses**, the legal guardians (parents) will be immediately informed by the course organizer.