



## POOBLASTILO

### v primeru nesreče med prireditvijo 4. Rally SOČA VALLEY 2024

Spodaj podpisana (voznik in sovoznik) \_\_\_\_\_ in

\_\_\_\_\_, štartna številka \_\_\_\_\_,  
pooblašča vodstvo

prireditve 4. RALLY SOČA VALLEY 2024, da v primeru najine nesreče kontaktira osebo:

#### **ZA VOZNIKA:**

Ime in priimek: \_\_\_\_\_

Telefonska številka: \_\_\_\_\_.

Podpis voznik: \_\_\_\_\_

#### **ZA SOVOZNIKA:**

Ime in priimek: \_\_\_\_\_

Telefonska številka: \_\_\_\_\_.

Podpis sovoznik: \_\_\_\_\_

**Dovoljujema tudi, da vodstvo istega rallya pridobi informacije o najinem zdravstvenem stanju od lečečega zdravnika oz. bolnišnice, v primeru moje zdravstvene oskrbe.**

Kobarid, \_\_\_\_\_



## Form in case of an Emergency/Accident during the 4. Rally SOČA VALLEY 2024

Undersigned (driver and co-driver)

\_\_\_\_\_

starting number \_\_\_\_\_ allow the Headquarters of 4. RALLY SOČA VALLEY 2024 that in case of an emergency/accident during the event contact the person below:

### **FOR DRIVER:**

Name and surname: \_\_\_\_\_

Mobile phone: \_\_\_\_\_.

Signature of the driver: \_\_\_\_\_

### **FOR CO-DRIVER:**

Name and surname: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Signature of the co-driver: \_\_\_\_\_

**I also allow the organizer / Clerk of the course of the same rally to obtain information about my state of health from my treating physician in the case of my health care.**

Kobarid, \_\_\_\_\_