P O O B L A S T I L O

v primeru nesreče med prireditvijo 5. Rally SOČA VALLEY 2025

Spodaj podpisana (voznik in sovoznik) _____ in

_____, štartna številka _____,
pooblaščava vodstvo

prireditve 5. RALLY SOČA VALLEY 2025, 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: _____

Dovoljujeva 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

5. Rally SOČA VALLEY 2025

Undersigned (driver and co-driver)

_____

starting number _____ allow the Headquarters of 5. RALLY SOČA VALLEY 2025 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 O-DRIVER:

Name and surname: _____

Mobile phone: _____

Signature of the o-driver: _____

I also allow the organizer / lerk 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, _____