



AGREEMENT TO PARTICIPATE IN DOCUMENTA FIFTEEN -D15 AND RELEASE OF LIABILITIES

I, _____ identified with Passport No. _____, of nationality _____; resident in _____, I agree and accept the invitation made to me by FUNDACIÓN MÁS ARTE MÁS ACCIÓN - MAMA to participate in Documenta 15 (D15); I undertake to:

PARTICIPATION AGREEMENTS

- To participate in the events according to the program published and shared with me via email, <https://docs.google.com/document/d/1W-luvT2u6KRJDwYZ7IFzrqJgiQNtbU9N14tj4fOKME/edit?usp=sharing>
- Read and keep in mind the protocols for the relationship during the time in D15.
- Comply with the sanitary regulations of the airports and D15 according to the guidelines informed in each place.
- To be responsible for arriving with enough time and to assume expenses for changes in train tickets generated by personal situations beyond the carrier's control.

RELEASE OF LIABILITY AGREEMENT

I declare that I am aware of the risks and dangers in the development of the programmed activities before, during and at the end of the "Documenta fifteen - D15" to be held in the city of Kassel - Germany and I agree to assume them. For this purpose I have health insurance that covers the entire stay in European territory.

I release FUNDACIÓN MÁS ARTE MÁS ACCIÓN identified with Nit. 900.391.100-1 from liability; I agree not to take any legal action as a result of any event during the invitation to participate in D15 to be held in the city of Kassel - Germany.

Taking into account all the services, facilities and any other assistance that may be provided to me by the provided by the FUNDACIÓN MÁS ARTE MÁS ACCIÓN during the stay, I release it, as well as its directors, officers, employees and agents from any and all liability, claims and legal actions that may arise for injury or damage to my person, including death, or for damage to property related to my participation.

I understand that this Participation Agreement and Release of Liability covers civil, criminal, administrative and any other liability, legal actions and damages arising out of any act or omission on my part, including but not limited to negligence, errors or failures of supervision.

In case of any accident, eventuality and/or illness, I exempt FUNDACIÓN MÁS ARTE MÁS ACCIÓN from liability, since I have medical insurance which can be used at any time.

I declare that the information stated herein, as well as in the documents submitted, are true and any



omission in them, as well as the responsibility derived from it, is solely and exclusively of the undersigned.

In this way, I declare that I have been informed about the non-compliance of the above mentioned and I have also received through email, an invitation letter with the conditions of participation; I authorize the verification of the present declaration through any means and in case of verification of contrary information, I will proceed accordingly.

This is issued for legal and administrative purposes in the city of Kassel, Germany.

Signature

Names and surnames:

Passport:

E-mail address:

Address:

Phone:

Date of signature:

In case of emergency contact:

Names and surnames:

City:

Phone: