



**FORM in case of an Emergency/Accident  
during the »17<sup>th</sup> Rally Idrija 2024«**

Undersigned (driver and co-driver) \_\_\_\_\_ starting number  
\_\_\_\_\_ allow the Headquarters of 17<sup>th</sup> Rally Idrija 2024 that in case of an  
emergency/accident during the event contact the person below:

**FOR DRIVER:**

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

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

**FOR CO-DRIVER:**

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

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

***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.***

Idrija, \_\_\_\_\_

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

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