





## FORM in case of an Emergency/Accident during the »18<sup>th</sup> Rally Idrija 2025«

Undersigned	(driver	and	co-driver)		and
				allow the Heado	
				cident during the event con	
person below:					
FOR DRIVER:					
Name and surn	ame:				
Mobile phone:				·	
FOR CO-DRIVE	D•				
FOR CO-DRIVE	Λ.				
Name and surn	ame:				
Mobile phone:				·	
		_			
	_			ne rally to obtain information	n about
my state of hed	alth from I	my trea	ting physician in the case	e of my health care.	
				Idrija,	
Signature of the	e driver:				
Signature of the	e co-drive	r:			