



HEALTH PROTOCOL ACCEPTANCE

D./Mrs. _____ with ID/Passport
nº _____ as father, mother or legal guardian of
_____ with ID/Passport nº
_____, I declare that:

- I have received, read and agree with this [health protocol](#).
- Neither the participant _____ nor his/her family has presented any symptoms related to the coronavirus in the last 14 days, nor has he/she lived or been in close contact with any person with a positive test and/or symptoms compatible with such illness.
- I accept that a quick qualitative serological test be carried out on _____ to determine whether he/she meets the health requirements for participation in the Campus Experience.
- I exempt the Real Madrid Foundation and Campus and Sport Events, the company organising the Campus Experience, from any responsibility regarding the state of health of the participant, except for the ailments that could be caused by practising sports on the Campus.

On _____ to _____ of _____ of 2020

Sign it:

*Additional information:

This document must be signed within 72 hours before the start of the program. This signature is mandatory for the attendance of the participant in the Campus Experience Fundación Real Madrid 2020.