

# ZOMBIE RUN

To organizers of Zombie Run

## Parental consent

I, \_\_\_\_\_, \_\_\_\_\_  
name, surname personal code or birth date

give permission to my \_\_\_\_\_  
son / daughter

\_\_\_\_\_, \_\_\_\_\_  
name, surname personal code or birth date

to participate in the event Zombie Run that will take place on October 31, 2020 in Gediminas avenue, Vilnius and I take full responsibility for his/her actions and health. I have read and agree with the terms and conditions of the event.

\_\_\_\_\_, \_\_\_\_\_  
name, surname signature

Date of the consent:

2020 \_\_\_\_\_  
month day

Terms and conditions can be found on the official page of the event: [www.zombierun.lt](http://www.zombierun.lt)

**The parental consent must be shown at the time of the number registration.**