



Trento - Bondone

1-2 luglio 2017



ACCREDITATION FORM FOR JOURNALISTS

Surname _____ Name _____

Address _____ Town / City _____

Telephone _____ Email _____

Membership card on the Journalist Register n. _____

Occupation (please cross X)

- | | | | | | | |
|--------------|--|----------------------------|--|-------------|--|---------------|
| Journalist | | Photographer | | Tv operator | | Radio speaker |
| Team Manager | | Person in charge of a Team | | Anchorman | | Sponsor |

Newspaper _____ Address _____

Town - City _____ Editor _____

Web site _____ Email _____

Declaration of responsibility - Race on July 1st and 2nd, 2017

I declare to be aware of possible damages and accidents occurring during Car Races and while watching and working along the Race course. I also declare to have the professional skills and experience necessary to work in complete safety at the Race. I commit myself to avoid any possible situation leading to physical or material damages, to follow the instructions given from the Marshals and from the Municipal Forces and to take fully responsibility for any damage due to my own risky and inappropriate behavior. Therefore I declare to discharge the Organizing Committee, the Clerk of the Course and any other person, Institution or Association of any civil and criminal liability.

Tow - City _____ Date _____

Signature _____

Send by fax to the number **0461.420266** or by email to the address comunicazione@pegasomedia.it