

Declaration of consent pertaining to using the eGo-Kart Track Sensadrom for groups

Safety Instructions

Using the kart track places high demands on the user's attention, physical fitness and discipline. The special risks for persons with heart problems and hypertension are noted explicitly.

I, therefore, assure that I:

- 1** do not suffer from any physical ailments and when using the karts, I will not be under the influence of alcohol/drugs or medication that can affect my ability to drive and I feel fit to drive;
- 2** will always drive according to my ability;
- 3** will refrain from risky and dangerous driving and collisions with other drivers or the side barriers;
- 4** will always follow the instructions given by employees or agents of SENSAPOLIS GmbH immediately.

Important Information

- Clothing:** Attention should be paid to tight-fitting clothing. Please remove or fasten scarves, ties, and belts.
- Helmets are mandatory:** It is essential to wear full-face (integral) helmets. For rental helmets, bonnets must be worn for hygienic reasons.
- Smoking:** Smoking is prohibited in the entire facility!
- Video surveillance:** The kart track is video-monitored for your own safety. The video recordings can only be used by us to determine causes of damage; however, they are constantly over-written and stored for a maximum of 7 days after your visit to the kart track.

Dangerous driving style, collisions, and driving styles, which damage the karts, entitle us to exclude you from the track (without refund of the fare). Further claims remain unaffected.

A validated ticket expires at the start of the specified run/time in the event of culpable non-attendance.

Name Registration

For insurance reasons and for the assertion of any claims for damages due to culpable damage to the karts, there is a need to record your name once. This information also makes it possible to have your name displayed on the monitor and to create printouts with your lap times.

In case of underage drivers up to the age of 16, this declaration must be signed by a legal guardian.

Data of the chaperon who declares to be allowed to act on behalf of the legal guardian:

Surname: _____

Address: _____

First name: _____

Zip Code/Town: _____

Date of birth: _____

Phone: _____

Email: _____

I agree that my data will be stored beyond the period of 7 days necessary for the prosecution of claims for damages and that I will be informed about current offers by SENSAPOLIS GmbH. This consent is revocable at any time.

Yes, I would like to receive the SENSAPOLIS GmbH newsletter with current news and offers by email. (Please tick) This consent is revocable at any time.

Sindelfingen, date

Date/Signature of adult chaperon, with the exact address, who declares to be allowed to act on behalf of the legal guardian.

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Name registration of all underage guests up to the age of 16

First name: _____ Surname: _____ Date of birth: _____

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