DECLARATION

I, the undersigned Мартин Калеин
(Name, surname, family name of the person)

Date of birth (dd/mm/yyyy):

Mobile phone number: +359888882726

Email: adidas.neone@gmail.com

How did you learn about us? Друго/Other

Personally and/or being the parent/legal guardian of

Personal name, surname and family name of the child under 16 years of age: Алекс Калеин

Birthdate of the child - dd/mm/year: 22.4.2024 г.

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year:

DECLARATION FOR USING THE FUNTOPIA CENTER

For safety reasons parents/legal guardians are welcome to attend during their kids' stay at Funtopia center.

I, the undersigned, declare the following:

1. Before my visit to Funtopia (the Center), I have read and I agree with the Safety instructions, located at the Center, including the instructions of the Center's staff, as well as with the introduced Anti-Covid rules on the territory of the Center, which rules, instructions and anti-covid measures I have explained to the child, whom I accompany, in an appropriate manner, and I will follow the above rules, instructions and measures while I am on the territory of the Center, taking care that my child follows them too.

2. When using the facilities in the Center, I will take into consideration my skills and physical abilities, assessing the same in view of my child.

3. I am aware that the use of the facilities in the Center by me (and by my child) is associated with certain risks, including the risk of serious injuries (including broken bones and fractures, bruises, abrasions, etc.). or fatal consequences due to slipping, stumbling, falling from a height, contact with the facility and equipment, an observer or another visitor of the Center, etc. These risks depend on many factors, incl. the age, physical abilities and coordination of the participants in the activities, their experience and training, as well as mine and those of my child, the behavior of the observers and participants in the various activities, the type and quality of the used equipment, the time for response by the doctors from the emergency care system, the observance of the safety rules and the use of the facilities and the instructions of the staff of the Center by the visitors of the Center, etc.

4. I am aware that the visit to the Center and/or the use of the facilities in the Center by me and my child is associated with a risk of contracting infectious diseases and/or transmitting infectious diseases, including, but not limited to, Covid-19, viral hepatitis, influenza, acute respiratory diseases, etc., for which risks Advent Facility Concepts and Management Ltd., as a manager of the Center, its employees, directors, shareholders, legal predecessors, successors, sales representatives, subsidiaries and related parties do not take responsibility. These risks depend on many factors, incl. the manner of transmission of the contagious

disease, the health condition of the visitors and/or the staff of the Center, non-observance of the anti-epidemic measures introduced on the territory of the Center by me and my child, as well as by visitors of the Center, etc.

☒ **Taking into account the risks described above and the distribution of responsibilities, I agree on behalf of myself and on behalf of the child I accompany to participate and/or watch the activities offered at the Center.**

DECLARATIONS REGARDING THE PROCESSING OF PERSONAL DATA BY THE CENTER

I hereby declare the following:

5. I am informed that Adventure Facility Concepts and Management Ltd. (AFCM) is an administrator fo personal data within the meaning of the Personal Data Protection Act and Regulation (EU) 2016/679 of the European Parliament and of the Council.

6. I agree that my temperature and the temperature of my child be measured at the entrance of the Center in connection with the observance of the introduced Anti-Covid rules on the territory of the Center.

7. I am acquainted with the AFCM Policies for processing and protection of personal data, published at https://funtopiaworld.com/sofia/terms-and-privacy/ and in this regard I give my consent my personal data and the personal data of my child to be processed for the purposes, in the manner and for the term, explicitly stated therein

8. I am informed that video surveillance for the purpose of prevention and security of visitors and observers is carried out on the territory of the Center and I give my consent my personal data, as well as my child's personal data, to be processed in this way for the purposes, manner and for the period explicitly stated in the Privacy Policy.

9. I am informed that AFCM is not responsible for damages or losses incurred, including theft, lost or damaged personal belongings during my stay and my child's stay on the territory of the Center and I take personal responsibility to ensure the security of our property.

☒ **Considering the above, I declare that I have been informed and I give my consent that my personal data, as well as my child's personal data a) be recorded and processed on both paper and/or digital media and b) said data be destroyed by Adventure Facility Concepts and Management Ltd. after serving their purpose and exhausting the grounds for their processing.**

- I declare that:

X	I agree to participate in the "Adventure Club Funtopia" and I am aware of the conditions (http://funtopiaworld.com/sofia/prikliuchenski-club/). I realize that by being a member of the Adventure Club Funtopia I may receive discounts and prizes only available to members.

I am informed that in relation to administrating the Adventure Club Funtopia program, AFCM may process personal data related to me or my child and I do give my permission to AFCM to do so.

First name and Family Name
Date of Birth
Address ☒ I agree ☐ I don't agree
Mobile phone number
Email

PERMISSION TO RECEIVING MARKETING COMMUNICATION

X	I agree

I agree to receive news, promotional and marketing messages related to the products and services offered by the company. I confirm that I can update my preferences and at any time I can refuse receiving the aforementioned communication.

PERMISSION TO RECORD, EDIT, STORE, REPRODUCE, MODIFY AND/OR INCORPORATE IN AUDIO-VISUAL AND/OR PHOTOGRAPHIC WORKS

X	I agree

I agree and hereby grant to AFCM, for as long as me and my child are on the territory of the Climbing Center and are participating in the activities offered at the Center, the right to record, edit, store, reproduce, modify and/or incorporate in audio-visual and/or photographic works my/my child's image and/or voice, including parts thereof, to be used for advertising and/or commercial purposes by AFCM for the maximum term determined by law, for the whole world and without restriction of the territory nor the way in which they can be used, as the copyrights on the created audio-visual and/or photographic works belong to AFCM.

Date: 1.11.2026 г. Signature:

