

DAMAGE COMPENSATION FORM

I, the undersigned, /Name, Surname/ _____ /passport/Id number/

I confirm that I travel by MyCar voluntarily and at my own risk.

I am aware that risks exist and may arise during the trip, away from medical facilities and under the influence of the forces of nature, as a result of which death, injury or illness of me or damage or loss of my property may occur.

I know that MyCar does not provide medical and accident insurance for the participants of the trip, and I understand that any medical expenses, property losses or other personal expenses that arise during or as a result of this trip/trip must be borne by themselves.

I accept and assume all personal risks on the trip.

In addition, I fully and definitively release MyCar, its employees, employees, agents and contractors from any and/or all liability or liability for any loss or damage to any of my property, or any injury or death arising to me in any way (including through the negligence of any other person or organization) during my trip I have read and accept the terms that have been provided to me.

I acknowledge that I accepted the risk indicated above and given the exemption indicated above, of my own free will, and I did not rely on any oral, written or visual statements or statements made by MyCar and/or its employees, employees, agents and contractors.

Name, Surname _____

Signature _____

Date _____