



Project Name: [Name]

Project Number: [Number]

Project Venue: Garlstedt, Osterholz-Scharmbeck, Germany

Project Activity Dates: [Dates]

Confirmation of Participation

I, _____ (your name) confirm my participation in the above mentioned project:

I also confirm:

1. Full participation in the project. I understand that if my participation is not 100% and my absence, for any reason, is not fully justified, I may not receive any reimbursement.
2. I will be responsible for covering any additional costs (exceeding the given budget) for my overall travel costs.
3. I will keep all invoices and proof of travel, including boarding passes, tickets, etc. and submit them to the host organization in original format as requested by them in a timely fashion.
4. I will prepare relevant materials in time for the project activity.
5. I intend to participate in all evaluation activities during the project and after its completion.
6. I will show openness and respect towards other participants and all other individuals involved in the program.
7. I will respect the rules in the Erasmus+ program guide that requires participants, facilitators and staff to respect each other's dignity, values, religion and culture, irrespective of race, gender, national or ethnic origin, sexual orientation, age or disability.
8. I will not bring any alcoholic drink to the project activity and during it, I won't drink any hard liquor.
9. I will not bring or use any drugs (including weed) during my participation on the project activity.
10. I allow the organizers to have photos and videos taken of me during the activity and publish these on their websites, social media, promotional material and dissemination material.
11. I will have my European Health Card during the activity (In case of non-EU residents, travel insurance).ⁱ
12. That the days prior or after the project I am traveling on my own risks and that having insurance is my own responsibility.
13. Failure to comply with the above rules and the rules of the project will result in no reimbursement given to me for the project and could also result in me being liable to financial damages as a result of me not following these rules.

I, the undersigned, hereby confirm my participation and agree fully with the above stated.

Date _____ Place _____

Signature _____

ⁱ E111 European Health Cards apply For EU Citizens only