Declaration of Honour

TMOU K SOBĚ

By signing this declaration, the Participant solemnly declares that:

- they are of legal age, of full legal capacity, mentally and physically healthy, without any evident or hidden health issues, and in a condition corresponding to their intended longer stay in darkness (hereinafter referred to as the "stay").
- they have been fully informed about the conditions, course and termination of the stay, and understand all related circumstances, risks and possible consequences of the stay.
- they undertake the stay voluntarily and at their own request, in full awareness and after considering all risks and facts related to the stay.
- they do not suffer from any form of mental illness and have never been treated for such an illness, are not currently undergoing outpatient treatment, and do not suffer from any phobia incompatible with a stay in darkness or in an enclosed space, nor from any other illness that would limit, endanger or complicate their stay.
- they are not dependent on alcohol or any other addictive or mind-altering substances, and will not use such substances during the stay.
- they do not regularly use medication that would prevent or limit the stay.
- they do not suffer from eating or drinking disorders.
- they are not aware of suffering from any infectious disease and are not pregnant.
- they have informed the Operator of all dietary restrictions, have been made familiar with the proposed meal plan and drinking regime, agree with them, and will not request any special diet or nutrition.
- they will follow the Operator's instructions.
- they will take care of the Operator's property so as to prevent any damage.
- they are aware of the fact that the premises used for the stay are not monitored by any recording device.
- they will not assert any claims against the Operator for compensation for material or non-material harm, unfair competition or unjust enrichment, except in cases where such conduct was caused by the Operator's direct intent.

The Participant is aware of the fact that the Operator bears no responsibility for the Participant's state of health, any changes to it, or any injuries that may occur during the stay. For this purpose, it is advisable to have appropriate insurance arranged.

The Participant undertakes to compensate for any damage caused to the Operator as a result of their conduct during the stay.

The Participant further declares that during the preliminary interview they were made familiar with all details of the stay, had the opportunity to raise any questions related to the stay, and received appropriate answers and explanations to those questions. They are fully aware of the fact that they may terminate the stay at any time upon their own request. They are also aware of the fact that their stay may be terminated at any time by the Operator due to unforeseen circumstances or a breach of the rules of the stay. In such cases, they are not entitled to a refund of the payment for the stay, nor any proportional part of it, unless otherwise agreed with the Operator.

The Participant is aware that during the stay they will not be able to receive any messages or information from third parties, with the exception of the Operator, and undertakes to observe this restriction.

The Participant undertakes to inform the Operator without delay of any change in conditions, physical or mental state, or other circumstances relevant to the stay, and if necessary to end or interrupt the stay should their life, health or property, or the Operator's property, be put at risk, or should their stay otherwise become dangerous.

> This declaration is true and complete, and I declare that I have concealed nothing of substance. By my signature I confirm the truthfulness of the above information and declarations.

FIRST NAME AND SURNAME

DATE

SIGNATURE