

License application Skikjöring 2024

Name:	First name:	male
Street:		female
Zip Code:	City:	
Tel. home:	Tel. mobile:	
Date of Birth:	E-Mail:	
Nationality:	Racing Club:	
Swiss Accident Insurance Act (UVG in training, such as races), (working	d above has a non-terminated position with for non-occupational accidents (including hours: at least 8 hours per week). Policy Notes Stamp and signature of employer or	
We confirm that the above-named insurance policy with the following Medical expenses (doctor, medical expenses)	dicine, hospital) worldwide 00'000.00 (CHF 400'000.00 is recommende	nce policy or has an individual accident
Date:	Stamp and signature of the insurer:	
Confirmation of personal liability insure • We confirm that the above-named least CHF 5'000'000.00 (CHF 10'000 Policy No. Validity of the insurance confirmation date:	ince: d person has a personal liability insurance ('000 is recommended). Sum insured:	CHF
		omply with the Special Regulations Skikjöring Appendix XXI and the Special Regulations for
Date:	Signature of the license applicant:	

The fully completed license application must be submitted to the President of the Skikjöring Commission latest February 3rd, 2024.

Please be aware that this is not an official and published document. The Rennverein St. Moritz do not assume responsibility on the English version of license application.

Only the license application Skikjöring 2024 in German is official and published.