



IZJAVA O OBEŠTEĆENJU

u vezi sa prevozom pacijenata na letovima AIR MONTENEGRO-a

DECLARATION OF INDEMNITY

in a connection with the transport of patients on AIR MONTENEGRO flights

PUTNIK / PASSENGER

Ime i prezime
First and last name

Stalna adresa
Permanent address

Sadašnja adresa
Present address

Prevoz od do
Transport from to

broj leta datum
flight number date

Dolje potpisani ovim oslobađa AIR MONTENEGRO, njegovo osoblje i agente svake odgovornosti za moguće pogoršanje zdravstvenog stanja koje bi moglo da uslijedi zbog prevoza avionom čak i ako bi takvo pogoršanje nastalo zbog preduzetih mjera ili specijalne usluge od strane AIR MONTENEGRO-a u vezi sa prevozom.

Ukoliko nije drukčije ugovoreno, prevoz podliježe propisima datim u priručniku AIR MONTENEGRO-a, "Operations manual".

Dolje potpisani se obavezuje da podmiri sve troškove koji mogu nastati zbog prevoza i odgovoran je za bilo kakvu štetu koju prouzrokuje AIR MONTENEGRO-u ili trećem licu za vrijeme leta.

The undersigned hereby exempts AIR MONTENEGRO, its personnel and agents from all responsibility for a possible aggravation of the state of health which might be consequent on transportation by aircraft even if such an aggravation should be due to a measure taken or a special service offered by AIR MONTENEGRO in connection with the transportation.

Insofar as the aforementioned provisions do not provide otherwise, carriage is subject to the rules relating to liability as contained in the AIR MONTENEGRO "Operations manual". The undersigned assumes all additional expenses incurred by the transportation and is liable for any damage caused to AIR MONTENEGRO or third persons during the flight.

Potpis putnika ili ovlašćenog lica/
Signature of passenger or authorized person

Mjesto i datum/ Place and date