

**Waiver of the Prohibition of Certain Activities on Sundays and Holidays**

Family name:

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Given name(s):

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Date of birth:

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Degree programme:

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Student ID number:

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Expected due date:

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Period of protection:

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I declare that I **voluntarily** waive the protection provided by the prohibition of certain activities **on Sundays and holidays** as designated in the Maternity Protection Act (**§6 (2) MuSchG**) in the context of my university education at the Technische Hochschule Nürnberg. I declare that the participation in the university activity

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(exact name of the activity, location, day, time)

is required at this time for the purpose of my education

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(reason, e.g. required course/lecture)

and independent work during this time is not possible.

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(reason, if appropriate, additional participating individuals)

An alternative day off subsequent to an uninterrupted period of sleep lasting at least 11 hours

has been accorded me on:

I am aware that I may rescind this waiver at any time for the future in written form (to be submitted to the University Service for Family, Equality, and Occupational Health (HSFG)).

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City, date

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Signature

**Contact:**

University Service for Family, Equality, and Occupational Health (HSFG)

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90402 Nürnberg

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