

**Waiver of the Prohibition of Certain Activities after 8.00 pm**

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 **between 8.00 pm and 10.00 pm** as designated in the Maternity Protection Act (**§5 (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)

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)

Dürrenhofstraße 6

90402 Nuremberg

Telephone: +49 911/5880-4088

Email: [hsfg@th-nuernberg.de](mailto:hsfg@th-nuernberg.de)

[www.th-nuernberg.de](http://www.th-nuernberg.de)