

KRAFTMAGNET GYM
Liability Waiver Form

I am aware and familiar with the risks associated with practicing of martial arts, weightlifting, fitness, and aerobics. Training may be physically challenging and exhausting, as well, and that is why I declare that I am in good physical health, and I have no medical conditions, of which I know, or suspect. In case I have medical conditions, I will consult my general practitioner and I will provide a medical report that shows I am physically fit to practice the sports discipline I want.

Known medical conditions that we need to be informed about:

I am at least 18 year of age (if I am under 18, my legal parent/guardian will sign the form instead of me), and I take full responsibility for my decision to visit Kraftmagnet Gym, and participate in the sports events that take place in the training facilities.

I am aware that during physical exercises injuries, traumas, or even death, may occur. I will not hold Kraftmagnet gym responsible for that.

In clear conscience, I declare that I am fully responsible for my health and property, while I am on the territory of Kraftmagnet gym.

I _____ (agree / do not agree) photos of me, taken while I am training, to be used for promotional and marketing purposes.

Names: _____

Signature: _____

Parent/guardian: _____
(if I am under 18 years of age)

Signature: _____

Emergency contact (tel. and a contact name):

Date: _____