

outdoortraining

teambuilding

traincentive

incentive

hochseilgarten

All data collected will be protected in accordance with legal regulations.
On no account will information be released to third parties by the *move your mind* GbR.

Participant:

First name:.....

Full name:.....

Address:.....

zip code/Town:.....

Date of birth:.....

Email:.....

In case of emergency please notify:

First name:.....

Full name:.....

Address:.....

zip code/Town:.....

Telephone:.....

With my signature I confirm the my acceptance of the terms and conditions of the move your mind GbR

I also give the assurance to follow all the instructions in the General Terms and Conditions and the instructions of the guides.

I am aware that participation on the booked course is possible on condition of average physical and mental health.

I do not suffer from cardiovascular disease, shortness of breath or increased intraocular pressure nor do physical injuries on the body (torn ligaments, dislocations, sprains, muscle injuries, spinal disorders, other orthopedic pre-damage) hamper me in my movement.

It is obligatory to inform the organizers if you have had a febrile illness (fever) within the last four weeks before the start of the course.

I do not suffer from any chronic illnesses (asthma, epilepsy, tinnitus, diabetes, etc.).

I do not experience psychological dispositions such as vertigo, claustrophobia, panic attacks or other anxieties.

I have to inform the organizers before the start of the course about all existing allergies (to insect bites, grass, hay fever, pollen, etc.) which might arise in connection with the activities to be carried out within the framework of the course/s.

I take no drugs which could affect my ability to respond and react.

For female participants: I can exclude the possibility that I am pregnant with a probability bordering on certainty.

.....
Date

Place

Signature (for participants under 18 signature of parent or guardian)