

LIABILITY SHEET



Voluntary participation

By signing this Liability Sheet, I confirm that I participate in the activities at the Warriors Den training centre (hereinafter referred to as Warriors Den) on a voluntary basis. I fully understand and acknowledge that the use of the obstacle courses, and use or participation in any of the equipment, services, activities, or presence at Warriors Den involves a risk of accident that may result in serious injury, injury to third parties, and/or damage to property. Individuals, who engage in this activity, must be aware of and accept these risks and be responsible for their own actions and consequences thereof, including participating in trainings and/or sessions.

I fully understand that the rules and instructions issued by Warriors Den or its representatives are given with the sole intention to guarantee the safety and comfort of all users.

Liability of the Organizer

To the extent allowed by the law, I hereby confirm that I am aware of the risks involved with participating in the different activities and services provided by Warriors Den and certify that Warriors Den and its representatives will not be liable for any possible consequences of my actions, including damage to health or property. Release from liability does not apply to Warriors Den as organizer or its representatives if he or she has been careless or caused wilful injury to the signatory.

Insurance

I am aware that common insurances may not cover most types of accidents that occur while engaged in activities or services offered by Warriors Den.

Fitness to Participate

By signing this Liability Sheet I hereby confirm the following:

I am (and the minors I am representing) in good health, and in proper physical condition to participate in the use of facility, activities and services provided by Warriors Den. I will NOT participate in any activities under the influence of alcohol, illicit or prescription drugs that would in any way impair my ability to safely participate in the use of facility and ANY activity and services provided by Warriors Den. I do not have ANY pre-existing conditions which would make me unfit to participate in the use of facility and ANY activity and services provided by Warriors Den.

It is the sole responsibility of the signatory to determine sufficiency of health, fitness, and ability to participate in the use of facility and ANY activity and services provided by Warriors Den in the past, present or future use of Warriors Den facility, activities and services! In case of doubt, please consult your doctor.

Minors

Any minor must have his or her parent or legal guardian sign this Agreement before that minor can participate in any activities, services and use of facility. Warriors Den may rely completely on the representation made by an individual who claims to be the parent or guardian of a participant and shall not be obligated to independently verify whether or not such individual is in fact the parent or legal guardian of the participant.

Subsequent Visits

This Liability Sheet shall apply to ALL of the signatory's future visits to Warriors Den.

By signing this Liability sheet myself without a parent or guardian also signing, I confirm that I am at least 18 years of age.

With my signature I confirm that I have read carefully and understood this Liability sheet and all the rules, their content and importance, agree to the conditions and to follow the rules of Warriors Den in effect from time to time.

Failure to obey the rules will give Warriors Den the right to escort the undersigned participant out of the facilities, without any claim on a refund of the entry ticket. Severe or repeated neglect or failure to obey the rules or other instructions given by Warriors Den or its representative may lead to cancelling of membership and denial of entry.

First and last name (Capital letters)	Date of Birth	Telephone
E -mail	Date	Signature

Legal Representative (personal data of the parents or a legal representative required for a minor !)

First and last name (Capital letters)	Date of Birth	Telephone
E -mail	Date	Signature