**PARENTAL CONSENT FORM TO ATTEND KUDO MALTA ltd GYM**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I.D.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree

 (please print parent or legal guardian’s name)

 that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.D.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may

(please print participant’s name)

exercise at **KUDO MALTA ltd GYM, Sir Adrian Dingli Road, Pembroke, Malta.**

**RELEASE**: In consideration of attending or participating in any exercise program, sport or physical activity, I agree, on behalf of the above named child, his/her heirs and representative, to fully and forever release, Kudo Malta ltd, its officers, volunteers, agents and employees from any and all liability, claims, demands, damages, actions, of causes of action, whatsoever arising out of a or related to belonging to my child or me, related to the activity, regardless of cause. This release covers everything that happens from the time I leave my child at Kudo Malta ltd Gym until I pick him/her up.

**CONSENT**: To the best of my knowledge, the above named child can fully participate in any exercise program, sport or physical activity. I am aware of risks and hazards connected with exercise and my child hereby elects to voluntarily participate in any exercise program, sport or physical activity, knowing that the exercise and equipment may be dangerous to my child. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by my child or any loss or damage to property owned by me or my child, as a result of being engaged in any exercise program, sport or physical activity at Kudo Malta ltd Gym, regardless of who caused the incident.

**HOLD HARMLESS:** It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs assigned and personal representatives, if I am not alive, shall be deemed as a release, waiver, discharge and covenant not to sue Kudo Malta ltd. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of the Malta.

**MEDICAL COSTS**: I understand that Kudo Malta ltd will not be responsible for any medical costs associated with any injury my child may sustain.

**RULES AND REGULATIONS:** My child and I further agree to become familiar with the rules and regulations of Kudo Malta ltd Gym concerning participant conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of the exercise facility.

 **INSURANCE**: Kudo Malta ltd urges you to obtain adequate health and accident insurance to cover any personal injury to your child that may be sustained during any exercise program, sport or physical activity.

**MEDICAL TREATMENT CONSENT**: I HEREBY FUTHER AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAME CHILD WHILE IN ATTENDANCE AT KUDO MALTA LTD GYM.

**INFORMED AGREEMENT**: I have reviewed this Agreement and am aware of the risks involved in participating in any exercise program, sport or physical activity and the possible injuries that may occur. My child freely and voluntarily agrees to participate in any exercise program, sport or physical activity. In signing this release, I represent that I understand this Agreement and sign voluntarily as an act of my own free will. Kudo Malta ltd Gym has not made any oral representations, statements, or inducements, apart from this Agreement. I am at least eighteen (18) years of age and fully competent to execute this Agreement. Also, I understand that all rules and regulations for Kudo Malta ltd Gym will be enforced and any violation by my child may result in a call to me with a possible request to come and pick up my child.

**DATA PROTECTION DECLARATION:** I understand that, in order to process my registration and provide the activities I am registering for, Kudo Malta ltd will process my and my child’s personal data (“Personal Data”) for administrative purposes. Kudo Malta ltd may also share this information with other parties involved in events in which my child is to participate.

I also understand that Kudo Malta ltd may take photos and videos of my child whilst participating in events organised by Kudo Malta ltd. These photos and videos may be used for historical purposes, educational purposes (training), posting on Kudo Malta ltd related social media and/or printed material. I also understand that the sponsors of Kudo Malta ltd Gym, may take their own photos or videos or obtain such from Kudo Malta ltd for use in their own advertising campaigns.

Parent or Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed \_\_\_\_\_\_\_\_\_

**BOTH PARENTS MUST SIGN IF APPLICANT IS UNDER 18.**

1. Parent/ Legal guardian name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ID / Residence Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone number:

 Date Signed \_\_\_\_\_\_\_\_\_\_\_

1. Parent/ Legal guardian name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ID / Residence Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone number:

 Date Signed \_\_\_\_\_\_\_\_\_\_\_

**I certify that all of the information I have provided is correct and true.**