**LIABILITY DISCLAMER TO ATTEND KUDO MALTA ltd GYM**

**RELEASE**: I hereby assume full responsibility for any and all damages, injuries, losses or medical expenses that I may sustain or incur, if any, while attending or participating in any exercise programme, sport or physical activity. I hereby waive all claims against Kudo Malta ltd or any of its affiliates, its officials and employees, for any and all claims for injuries or damages that I might sustain.

I understand that there is risk of injury associated with participating in any exercise programme or sports activity and I certify that I am in good physical condition and have no known disabilities that might otherwise be detrimental to my health or well-being.

**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 I may sustain.

**RULES AND REGULATIONS**: 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 that you 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 MYSELF 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. I freely and voluntarily agree 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.

**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 personal data (“Personal Data”) for administrative purposes. Kudo Malta ltd may also share this information with other parties involved in events in which I are to participate.

I also understand that Kudo Malta ltd may take photos and videos of myself 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.

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

Applicant Name & Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID / Residence Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature: DATE: