



Contact on: +356 99165935

CONSENT FORM

Fullname/Surname:

Gender:

Male

☐

Female

☐

Date of Birth: ID. Number:

Address:

.....

E-mail address:

Mobile number:

RECOGNIZING THAT THE STRENUOUS NATURE OF THIS ACTIVITY MIGHT INCUR INJURY, I AM NOT TO HOLD AES MALTA, OR MEMBER, STUDIO WHERE THIS FITNESS CLASSES ARE BEING CONDUCTED OR IT'S INSTRUCTORS, GUESTS, AND MEMBERS LIABLE FOR ANY DAMAGES OR PERSONAL INJURIES SUSTAINED DURING SAID FITNESS CLASSES. This club, ensures the DATA SECURED according to the GDPR COMPLIANT.

I HEREBY ALSO GIVE PERMISSION TO AES TO TAKE PHOTOGRAPHS OF MYSELF DURING THE FITNESS CLASSES SESSIONS FOR ADVERTISING PURPOSES.

Fullname/Surname:

(Parent/Guardian if under-18 years of age and include connection with member)

Do you suffer from any medical conditions? If yes, please specify.

Signature: Date applying:

~~~~~

~~~~~

~~~~~

~~~~~

~~~~~

\_\_\_\_\_

**GREE**

i

**R**

**'A is**

⋮

\_\_\_\_\_

~~~~~

~~~~~

~~~~~