

# CONSENT OF LEGAL REPRESENTATIVE

## Personal data of a MINOR

Surname:	Address:	
Name:	City:	ZIP CODE:
Gender: <input type="checkbox"/> female <input type="checkbox"/> male	Mobile:	Phone:
Date of birth:        /        /	E-mail:	

## Personal data of the LEGAL REPRESENTATIVE

Surname:	Address:	
Name:	City:	ZIP CODE:
Gender: <input type="checkbox"/> female <input type="checkbox"/> male	Mobile:	Phone:
Date of birth:        /        /	E-mail:	

## Data on the membership of the Legal Representative

Monthly membership fee:	CZK
Valid from :        /        /	Valid to:        /        /

I hereby declare that I have carefully familiarized myself with the general conditions and operating regulations of the physical education and relaxation facilities operated by Form Factory s.r.o. and I thoroughly instructed my daughter/son about the rules contained in these regulations.

At the same time, I also declare that I am aware that the condition of the possibility of using physical education and relaxation services of the company Form Factory s.r.o. is under the age of 16 and I acknowledge possible health and safety risks. Therefore, I take full responsibility for any damage to my child's health and the operator's property caused by the child's movement.

I declare that I am aware that the company Form Factory s.r.o. processes my personal data, as the legal representative of a minor, listed above for the purposes of concluding and administering the contract and for the fulfillment of its legal obligations. I understand that I can obtain further information about the processing of personal data on the website [www.formfactory.cz](http://www.formfactory.cz).

_____ Date	_____ Signature of legal representative	_____ Signature (on behalf of Form Factory s.r.o.)
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