

ALNASCA THROWING KNIFE AXE



LIABILITY RELEASE FORM

The undersigned Mr / Mrs _____,

parent / legal guardian of _____,

born in _____ on _____,

resident in _____ street _____ nr. ° _____

DECLARES

that he/she has been correctly informed on the techniques and dangers concerning the use of the throwing equipment made available by the Alnasca Throwing Knife Axe team and assumes all responsibility and compensation for any damage caused to people, structures and materials. Just as he assumes any risk for his person inherent in and consequent to the abuse of alcohol, medicines, drugs and more. In the event of the presence of a minor, the legal guardian / parent assumes full responsibility.

EXEMPTS

as of now and to all intents and purposes the members of the Alnasca Throwing Knife Axe team from any liability, as of now renouncing to advance any titles, claims for damages or compensation against them.

I CONSENT

I DO NOT CONSENT

the transmission and publication and/or dissemination in any form of audio, video and photographic material in which the undersigned appears to be represented or is otherwise recognizable.

Read, confirmed and signed

In witness

Date and place _____ Signature _____

We process personal data for the period strictly necessary to achieve the respective purposes. If, due to legal or other requirements, there should be further storage obligations for longer periods, we will limit the processing accordingly.