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**Participation form for boxing workshops „Inside the Octagon”**

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| Name / Surname |  |
| Phone number |  |
| E-mail |  |
| Informations or questions for the organisers |  |
| Do you need boxing gloves? |  |
| I agree to the processing of my personal data for the purpose of the workshop. |  |
| **Do you accept the following statement (you can participate in the workshop only if you accept the statement below):**  I declare that my participation in the boxing workshops as part of *Project X* is voluntary  and I have been informed that during the workshops, I will participate in boxing training and demonstration of boxing techniques.  As such, I am fully aware of the associated consequences and the risk of accidents that may result in personal injury. I declare that being fully aware of the above, I assume full responsibility for my participation in these workshops and hereby release Zachęta entirely from any liability for any injury that may occur as a result of my participation. |  |