

SYSTEMA SEMINAR REGISTRATION FORM

VLADIMIR VASILIEV

MILAN, Italy, 5th-6th October 2019

I, the undersigned:

Email :

Phone :

Emergency contact (name + phone) :

ASK

to attend the Systema seminar with Vladimir Vasiliev in Milan (Italy) on

Saturday 5th October 2019

Sunday 6th October 2019

Therefore, I enclose:

1) A copy of the credit/postal transfer receipt for the seminar fee amount paid

INFORMATION about art. n.13 of the law n.196 of June 30th 2003 and updates:

The personal data will be used, even in automated or electronic means, only for the organization and the management of the activities relating to the statutory aim of Systema Milano association. According to the previously named law, I, the undersigned, have the right to handle my personal data and correct, integrate and, if needed, to erase or block them. I state that I have read the whole information, and therefore I allow the use of my personal data for the above mentioned aim and within its limits. Seminar is at your own risk. The organizer and the trainers are not taking any liability.

Date:/...../.....

Signature

PHYSICAL ACTIVITY RELEASE

I, _____, hereby fully waive and release Systema Milano and Systema Toronto and its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns (collectively “Releasees”), from any and all claims, demands, damages, costs, expenses, causes of action (“Claim”) in respect of death, personal injury, property damage, or death arising from my participation in the following physical activities: Systema Seminar by Vladimir Vasiliev – Milan, 5th and 6th October 2019 (“Activity”), notwithstanding any Claim may have been contributed to or occasioned by the negligence of any of the Releasees. I hereby indemnify and save harmless the Releasees from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation in the Activity. I hereby voluntarily, at my own risk, sign this Release in sole consideration of being permitted to use the Company’s facilities or property. I have read and understood the foregoing, and acknowledge my consent to the terms of this Release by signing this Release.

Dated: _____

Signature: _____