STRØNGH

Parental Consent Form – Trial Training Session

Dear Parent / Guardian,

Your written consent is required for your child's participation in a trial training session at STRØNGH. By signing this form, you assume full responsibility and liability for your child throughout their entire visit.

Child's Details

Child's Full Name:

Date of Birth:

Date of Trial Session:

Parent / Guardian Details

First Name: (of Parent / Guardian)

Last Name: (of Parent / Guardian)

Phone Number:

Email Address:

Risk Disclosure & Assumption of Liability

Training carries physical risks, particularly for minors. STRØNGH accepts no liability for injuries resulting from improper use or disregard of instructions. By signing, you confirm that you are aware of and accept these risks and assume full responsibility for your child.

Consent

- ■ I give my consent for my child to participate in the trial training session.
- ■ I assume full responsibility and liability for my child throughout their entire visit.
- ■ I have read, understood and accepted the risk disclosure.
- ■ I confirm that the information provided is accurate and complete.

Place & Date:

Signature of Parent / Guardian:

Printed Name:

Thank you! Questions? info@strongh.de | +49 (0)6584 9109005