

Program Participant`s Liability Questionnaire



Your name, surname _____

Are there any facts about your state of health that should be known to program managers (allergies, asthma, heart disease, pregnancy)? Have there been any recent injuries, chronic diseases, epilepsy etc?

*** This information is desirable but not mandatory.**

If you are taking any medical preparations, please indicate the name and the schedule.

***This information is desirable but not mandatory.**

My signature certifies the above information is true.

I have been informed, that special equipment, techniques, rules of conduct and safety regulations may be used during the team development program (hereinafter - program), the implementation of which will be strictly required by the Program`s instructors. I undertake to fulfill all the requirements of the instructors regarding safety techniques and activities during the implementation of the program. I take responsibility for my state of health and physical readiness. By signing below, I certify that I am familiar with the above rules and agree to them.

I have been informed that the program sequence will be photographed and the resulting material will be available only for participants of the program. The use of any public photo will be aligned with the team/company manager.

Name, surname _____ signature _____ place, date _____

SIA Sense of team declares that the information provided is confidential and will not be disclosed to third parties. Participant`s liability questionnaires are destroyed after the end of the program.