

HEALTH DECLARATION

Name: (male / female / diverse)

Date of Birth:

Address:

Place/Country:

Phone number:

E-Mail:

Questions about general health Yes / No

Do or did you suffer from one of the following conditions:

• Heart diseases (Heart attack, angina pectoris) /

• Serious hypertension? (High blood pressure) /

If yes, do you use medication? /

• Epilepsy /

• Mental illnesses (Depression, Psychosis) /

• Panic attacks /

• Kidney failure /

• Serious Asthma /

• Recently performed surgery /

• Migraine /

• Raynaud Syndrom or Cold Urticaria /

• Autoimmune Disease /

If yes, which one? Rheuma, MS, Crohn, Diabetes etc.

.....

• Allergies /

If yes, which one(s)?

.....

• Other conditions /

.....

Continuation of questions about general health Yes / No

Do you feel healthy at the moment? /

If not, from what symptoms do you suffer?

.....

• Are you overweight or underweight? /

• Do you practice endurance sport? /

• Are you regularly going to the sauna? /

• Have you already taken an icebath before? /

Are you pregnant or do you wish to become pregnant? /

Is there something else we should know? /

.....
.....

If something about my health changes before the workshop or travel date, I will inform the trainer in writing.

I am currently not suffering from **contraindications of the Wim Hof Method** (high blood pressure >160mmHg, epilepsy, cold urticaria or Raynaud's syndrome type II, pregnancy) or symptoms of illness typical of COVID-19 (dry cough, fever, difficulty breathing, temporary loss of taste and smell, sore throat).

I hereby declare that I have completed this form truthfully. Furthermore, I consent to the processing of my data in accordance with the data protection information below.

Date of the Workshop:

Date and Place:

Signature participant:

As a workshop leader, we and our team make sure that you as a participant learn the Wim Hof method correct and in a safe way. However, we can't assess the health risks of all individual participants. All participants must therefore fill in the health declaration in advance to exclude both physical and mental health risks. We advise all participants to consult their family doctor if the medical questionnaire raises doubts.

DISCLAIMER

1. My participation in the workshop / travel is voluntary, at my own risk.

Date of the workshop:

Workshop leader:

2. I hereby waive all claims - of whatever nature - from damages, injuries or consequential damages that might occur in connection with my participation in the workshop as well as the training of the learned methods, unless the aforementioned workshop leader or his team acted willfully or grossly negligent.
3. Liability for damage to property is excluded on the part of the named workshop manager or his team.
4. I have been informed of the contraindications of the Wim Hof method and assure that my physical and mental condition will allow safe workshop participation. I have checked my health with my Doctor. If I have renounced this, I do so on my own responsibility.
5. For health risks, even those that are not currently known to me, the workshop leader or his team assumes no liability in the event of an accident or damage.
6. I will immediately inform the workshop leader about any illness and even sudden changes in my condition such as nausea, dizziness, pain, rapid heartbeat or similar, and if necessary, cancel my participation.
7. I am insured for accidents and injuries that may occur during the workshop / travel. The same applies to the direct route to and from the venue. If not, it will be my responsibility.

I have fully informed myself of the contents of this disclaimer by reading it before signing.

Name and surname of the participant:

Date and location:

Emergency contact:

Signature:

BOOKING, WORKSHOP & TRAVEL DETAILS

Yes / No

Do you like to join a car pool (also from an airport)?

/

From which city are you traveling?
.....

Would you like pictures of yourself

/

If yes, sign the waiver...

We will cook vegan /vegetarian. Do you have special nutritional needs?

/
.....

How did you hear about this workshop/travel?
.....

What is your motivation to join the workshop/travel?
.....

Resignation from participation in travel, daily workshops and 5-week courses must be in written form. For cancellations up to 14 days before the start of the event, the cancellation fee is 50% of the full course price. In case of cancellation within 14 days before the start of the event, the cancellation fee is 100% of the full course price. In case of cancellation, you have the opportunity to ask a friend to take your place. This must be done at least two days before the start of the event so that the workshop leaders and the participant have time to rule out the presence of contraindications.

In the case of symptoms typical of **COVID-19** (dry cough, fever, difficulty breathing, temporary loss of sense of taste and smell, sore throat), those affected must stay away from the workshop. If, due to COVID-19 regulations, group activities are banned in the travel destination, you have the option of choosing an alternative date or of having your travel expenses reimbursed.

If you have any questions about the registration form, feel free to contact Josephine (+49 151 57850242) or Douwe (+31 628417317), in case of health issues, please check with your family doctor.

I hereby declare that I have read the booking details and accept the cancellation policy.

Date and location:

Signature:

PHOTOGRAPHIC CONSENT & RELEASE FORM

I hereby consent to the use, editing and publication of photographs and video recordings taken of me by or on behalf of the organizers during the the workshop / the travel. I consent to the publication:

- On the homepages of the organizers
 - www.thecoolway.nl
 - www.josephineworseck.com
- In (print) publications of the organizer
- On the organizer's Facebook pages
- On the Instagram page of the organizer

I know that pictures might be stored for this purpose. The photos and / or videos are solely for the public relations of the organizer.

I am aware that photos and / or videos on the Internet can be accessed by anyone. Despite all technical precautions, it can not be ruled out that other persons will continue to use the photos and / or videos or pass them on to other persons.

This declaration of consent is voluntary and may be withdrawn from the organizer at any time with effect for the future. If the recordings are available on the Internet, removal takes place as far as the organizer is able to do so.

Date and location:

Signature:

PRIVACY INFORMATION

The protection of your personal data is important to us. According to the EU General Data Protection Regulation (GDPR), we are obliged to inform you about the purpose for which we collect, store or forward data. This information also tells you what rights you have with regard to data protection.

1. RESPONSIBILITY FOR DATA PROCESSING

As part of your workshop participation, the course leader, Dr. Josephine Worseck, Fichtestr. 7, 14471 Potsdam collects personal data from you. She is the responsible contact person (josephine@worseck.de).

2. PURPOSE OF THE DATA PROCESSING

We collect your name, address, date of birth, telephone number, email address and health data. The data is collected for the purpose of enabling safe workshop participation and follow-up support.

The collection of health data is a prerequisite for your participation in the course. If the necessary information is not provided, you can not take part in the program.

3. RECIPIENTS OF YOUR DATA

We do not transfer your personal data to third parties.

4. STORAGE OF YOUR DATA

We only keep your personal data for as long as is necessary for the implementation of the workshop and secure follow-up support. Personal data will be deleted as soon as the purpose of storage no longer applies.

5. YOUR RIGHTS

You can revoke your consent to data processing at any time. Processes in data processing that have taken place up to the point in time of the declaration of revocation cannot be reversed. Please send your revocation to the above address.

You have the right to inform yourself about your stored personal data and to correct incorrect data. You can also request to delete your data. You also have the right to data portability and restriction of data processing. You also have the right to complain to a supervisory authority, the state commissioner for data protection in Brandenburg.

The provision of your data is fundamentally voluntary. However, without the data requested above and provided by you, you cannot participate in the course offer.

6. LEGAL BASIS

The legal basis for data processing is your consent (Article 9 Paragraph 2 a and Article 6 Paragraph 1 a of the European General Data Protection Regulation). If you have any questions, please do not hesitate to contact us.