

Name: ..... (male / female / diverse)

Date of Birth: .....

Address: .....

Phone number: .....

E-Mail: .....

Emergency contact: .....

**Please check & tick the statements below**

**My health has not changed since I last attended the course. If my state of health changes before the travel date, I will inform you 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 renew my consent to the processing of my data according to the data protection information.

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

I am aware of the cancellation policy. For cancellations up to 14 days before the start of the event, the cancellation fee is 50%, afterwards 100% of the full course price. In case of cancellation up to three days before, you have the opportunity to ask a friend to take your place.

I hereby renew my consent to the use, editing and publication of photographs and video recordings taken of me by or on behalf of the organizers during the travel. I consent to the publication on the homepages of the organizers ([www.thecoolway.nl](http://www.thecoolway.nl), [www.josephineworseck.com](http://www.josephineworseck.com)), in (print) publications of the organizer, on the organizer's Facebook pages and/or on the Instagram page of the organizer.

Special nutritional needs /allergies

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I hereby declare that I have completed this form truthfully.

Date of the Workshop: .....

Date and Place: .....

Signature participant: .....