Statement of consent

representative) (mother's birth	name:	(name of parent, legal; ID card number:	
as the	legal	representative of(name of child / represented	
minor) (place and date	of birth:	; mother's birth ldress)	
consent			
Life1 Fitness Corvin Club / Life? Flórián Fitness Club operated Budapest , Váci út 29-31.; tr registration necessary for this to be given for identification a written in the Data Protection Refurthermore, I consent / do not minor I represent also giving his (telephone number, e-mail addre personal data given for the purp	by Fitness Etele Club / by Fitness Vision rade registration number and to manage his or and checking eligibite egulation. consent (to be under sor her personal data ass, sex) and by means to see of keeping contains.	Life 1 Fitness Allee Club / Life 1 Fitness Nyugati Club / Gilda Max Hungary Ltd. (company seat: 1134 nmber: 01 09 376249) and to the her personal data which are compulsory lity in conformity with the provisions rlined as appropriate) to my child / the a which are not compulsory to be given so fithis to the management of his or her ct \(\square \) and/or direct marketing \(\square \) and/or	
appropriate place)	itness Vision Hunga	ry Ltd. (To be marked with an 'x' at the	
I studied the content of the Data	Protection Regulation	and accept it.	
(signature)			
Witness our hand and seal:			
1. Name:	2. Nai	ne:	
Address:	Ad	dress:	
ID card number:	ID	card number:	
Signature:	Sig	gnature:	