



PARTICIPATION FORM FOR HEALTH AND RECREATION CAMP IN NIEPOŁOMICE (POLAND)

Participant's data:

Full Name:		Date of birth:	City and country of residence:
Address (and contact data):		Phone number:	e-mail address:
Languages (language of contact):		Other:	

Camp dates – please, select the dates of the camp you choose (DD.MM date format):

***IMPORTANT: Each camp begins at 14:00 hours (2:00 PM) on Day One with participants' qualification and determining individual guidelines**

14.03.-28.03.	16.05.-30.05.	15.08.-29.08.
21.03.-4.04.	23.05.-6.06.	22.08.-5.09.
28.03. – 11.04.	30.05.-13.06.	29.08.-12.09.
18.04.-2.05.	6.06.-20.06.	5.09.-19.09.
25.04.-9.05.	13.06.-27.06.	12.09.-26.09.
2.05.-16.05.	20.06.-4.07.	19.09.-3.10.
9.05.-23.05.	27.06.-11.07.	26.09.-10.10.

Room types – please, select the room type, and possibly enter the names of people you wish to share the room with. If you wish to stay in a single room, account for an additional fee, as stated in the offer.

Single room (2 rooms available)	
Double room (12 rooms available)	
Three-bed room (6 rooms available)	
Suite for two (2 suites)	
Suite for three (3 suites)	

e-mail: kontakt@vvik-method.com, web site: www.vvik-method.com

Combination mark covered by protection right UP RP number Z494198 with regard to services aiming to improve mental and physical fitness, healthy lifestyle, overcoming stress and nutrition consulting.
Trademark registered by EUIPO under the number: 018003989
and by WIPO in Norway, Turkey, Lichtenstein, Switzerland under the number: 1485257.

Health information:

1. Please, describe your general health and fitness:

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.....
.....

2. Please, indicate any diseases in your medical history:

- cardiovascular diseases – hypertension, ischemic heart disease,
- diabetes,
- rheumatism,
- osteoporosis,
- other:

3. Please, list the medication you administer:

.....
.....
.....
.....

4. Food preferences:

- diet followed:

.....
.....

- allergies:

.....
.....

5. Do you wish to undergo a psychological interview within the programme?

YES / NO*

6. Are you aware of any contraindications to physical exercise or recommendations regarding appropriate exercise selection?

NO*

YES,

.....
.....

7. Are there risk factors not mentioned above?

.....
.....

Filling and submission of this form shall be deemed equivalent to accepting the service terms according to the offer, and shall constitute a statement on intention to use the service.

I agree / I do not agree* to my anonymised test results being processed for the purpose of scientific analysis.

DATE: SIGNATURE:

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Information about Personal Data Protection:

CONSENT FOR PERSONAL DATA PROCESSING

I, the undersigned, agree to processing of my personal data by Janusz Długopolski, Mazowiecka 44/14, 31-019 Kraków (NIP: 676-011-00-16) for the purpose of Vvik III Method and for the purpose of entering into and performing services contract, with the grounds for processing including the need for data processing for entering into and performing contract, according to Regulation (EU) **2016/679** of the European Parliament and of the Council of 27 April 2016 and the act of 10 May 2018 on personal data protection (Polish Journal of Laws 2018.1000), and according to the information clause below.

INFORMATION CLAUSE

Pursuant to Article 13(1–2) of the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation – hereinafter GDPR) (OJ L 119 of 04.05.2016, p. 1), we wish to inform as follows:

- your personal data controller shall be Janusz Długopolski, Mazowiecka 44/14, 31-019 Kraków (NIP: 676-011-00-16); as regards issues related to your personal data processing, please contact us by e-mail at the address: kontakt@vvik-method.com or by post at the following address: Janusz Długopolski Vvik III, Mazowiecka 44/14, 31-019 Kraków;
- Your personal data shall be processed pursuant to Article 6(1) GDPR for the purpose of entering into and performing the services contract, with the legal grounds involving the need for data processing for the purpose entering into and performing the contract. Irrespective of these grounds, data processing is necessary in order to fulfil legal duty of the data controller, namely for tax and accountancy purposes, as well as for the purposes related to the controller's legitimate interest. The data related to your health will be processed in the event of provision of health services for the purpose of meeting legal obligations of the controller in relation to providing health services and, provided you give your consent, anonymised test results shall be subject to scientific analysis. Your CCTV image will be processed to assure staff security and security of the property, including participants' property.
- As regards your personal data, there will be no automated decision-making involved, according to Article 22 GDPR; you have the right to:
 - access your personal data (pursuant to Article 15 GDPR);
 - rectify your personal data (pursuant to Article 16 GDPR);
 - request the controller to restrict data processing pursuant to Article 18 GDPR, subject to cases referred to in Article 18(2) GDPR ;
 - appeal to the President of the Personal Data Protection Office if you decide that the processing of your personal data is in breach of GDPR.

The submission of your personal data, as well as the consent for their processing and image dissemination, are provided on voluntary basis.

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