

# DECLARATION

Signatories.....  
Holder of ID card/ passport № ....., Issued by .....  
Date of issue ....., Date of expiry ..... Address of residence:  
.....

--	--	--	--	--	--	--	--	--	--

(personal number or date of birth of a foreign citizen),

I declare that:

- I will observe the individual diet during the program "LuckyFit";
- I will not eat other food products, except those which are provided under the diet;
- I am aware with the daily exercises of the program "LuckyFit", which includes exercises for cardiovascular activity, flexibility and strength;
- I have the following former illnesses / epicrisis, diagnosis, conducted treatment /:

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

- My current health condition is /healthy, unwell- type and progress of the illness/ :

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

- I am aware with the purpose and method of clinical tests, diet and exercises of the program "LuckyFit", which will be held in Aparthotel "Lucky Banskó";

**With that declaration I declare that all details are correct and complete.**

**In case of incorrect or incomplete information, I will not bring any claims to the program "LuckyFit".**

Date ..... 2017.

Declarer: .....