



DECLARATION

The undersigned with
with permanent address:

DECLARE that:

- ❖ I will follow the individual diet during the **LuckyFit** program;
- ❖ I will not consume any food other than the provided for in the diet program;
- ❖ I am familiar with the daily physical activity of the **LuckyFit** program, which includes exercises for the cardiovascular system, flexibility and strength;
- ❖ I have the following past illnesses (discharge summary, diagnosis, treatment performed):

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.....

❖ my current state of health is:
 healthy, ill

type and course of the disease:

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.....
.....

- ❖ I am familiar with the purpose and method of check-up, nutrition and movement under the **LuckyFit** program which will be held at Aparthotel Lucky Bansko;
- ❖ I agree that my personal data will be stored, processed and provided to third parties during the **LuckyFit** program, in compliance with the statutory order under the Personal Data Protection Act.

Herewith I declare that all data is correct and complete.
In case of incomplete information, I declare that I will not lodge any claims against the **LuckyFit** program

Date: 2018 r.

Signature:

