1. My participation in the Wim Hof Workshop at the (Date)	by
Michael Nuß is at my own risk. 2. I hereby expressly waive all claims - of whatever kind from damag consequential damages in connection with my participation in the word. 3. I assure that I have no epilepsy and i am not pregnant. I don't see Raynaud's syndrome, cold urtika, high blood pressure, kidney failure, heavy migraines or panic attacks. I haven't had any major surgery in months. I have insured my state of health with a doctor. If I have redo so at my own risk. 4. In the event of an accident or damage, Michael Nuss assume no health risks, including those that are currently not known to me. 5. I am insured against accidents and injuries that can occur during If this is not the case, it is my responsibility.	kshop. suffer from strong asthma, the past 6 enounced it, I
6. I agree that videos / photos taken at the at the Wim Hof Workshop on wh	nich I can be
seen, will be published by Michael Nuss. The videos / pictures may be use	d for publication
on websites, social media platforms and flyers / posters.	
I know that I do not receive any payment for publication. I can withdraw or I	estrict my
consent to the publication and use of photos with me at any time. Otherwis	e the consent is
valid indefinitely.	
Name:	
Name.	
Date, Signature:	