



Nizza AB  
Sundholmsgatan 24  
216 41 Limhamn  
www.nizza.se

Organization number: 556981-5144  
VAT number: SE556981514401

Bank-giro: 570-8433  
IBAN: SE4750000000055131098483  
BiC (swift) SEB: ESSESESS

APPLICATION / MEMBERSHIP FORM / DISCLAIMER

Given name	<input type="text"/>	
Family name	<input type="text"/>	
Chosen name / Nickname	<input type="text"/>	
Personal number	<input type="text"/>	
Time of birth	<input type="text"/>	hh:mm
Place of birth	<input type="text"/>	
Gender	<input type="checkbox"/> F	<input type="checkbox"/> M
Phone	<input type="text"/>	
e-Mail address	<input type="text"/>	
Address	<input type="text"/>	
Postal code	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	
Country	<input type="text"/>	

Yes, I would like to be a *Nizza Life* member.

I am aware of and I understand that

- participation in physical, mental, spiritual and other workshops, individual treatments and sessions may influence my health condition
- I should consult my medical doctor prior to participating in any of *Nizza Life* activities
- I should inform *Nizza Life* instructors or executives of my health condition and issues

I choose to participate in *Nizza Life* workshops and/or individual sessions by my free will.

WAIVER: In consideration of the acceptance of my application for membership, I HEREBY RELEASE and DISCHARGE Nizza AB and its respective executives of and from all claims, demands, damages, costs and expenses arising by reason of my registration with the *Nizza Life* or my participation in any *Nizza Life* events and activities .

I agree to abide by all rules, procedures and policies of the *Nizza Life*.

In \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_