

## Träningsvärket Bodafors

This contract applies between Träningsvärket Bodafors and signed person below. The signed person undertakes to meet the following conditions;

Contract liability:

- The ID tag is personal and confirming your membership. You are responsible for the ID tag and shall be stored so that it does not fall into the wrong hands.

- Loss of ID tag will be charged for a replacement.

- Do not let anyone in the exercise area who not are able to prove their membership. If you still let anyone in the training area, you will lose your membership directly.

- All training in the premises are at your own risk.

- Training Fee is paid yearly. See below.

- Absolute abstinence from all handling or taking doping in any forms. All classified doping is as according to Foundation's doping list. The person shall without any reason also perform a doping test, when asked.

- The undersigned declares to exercise and staying in Träningsvärkets premises drug free in otherwise the person will lose the membership directly.

- The undersigned is liable in negligence, destruction or damage of facility and equipment.

- Signed swear to be a good representative for sport and supporting Träningsvärket Bodafors and its work against doping.

Upon termination of the membership in Träningsvärket the ID tag should be returned to the club. Money for the remaining period is non-refundable, even if the exercise would be canceled before the training period ends, unless specific reasons can be given. This decision is taken by the members of the board.

Annual Fee: 2100kr / year incl. one (1) ID -tag.

Fixed term: 12months, after one (1) year the termination of contract is one month after a written letter is sent to traningsvarket@live.se.

Full-year fee is paid to bank account: 703-8466 or Swish: 123-224 30 04 (NOTE: Please write name and surname.)

| Surname and given name: |                 |       |  |
|-------------------------|-----------------|-------|--|
| Personal Id No:         | Phone (mobile): |       |  |
| Address:                | Post number:    | City: |  |
| E-Mail:                 |                 |       |  |
| Signature and date:     |                 |       |  |