

Course type:	
Full Name:	
Date of birth:	
Email:	
Mobile:	
Full Address:	O-GRAVITY \
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	DIVERS
Emergency contact:	
Name:	
Phone:	
Current completed c	rourse:
visual and audio depi	ourse, I hereby grant No Gravity-Divers the unrestricted right to record and use ctions of me taken during the course for advertising, promotional and marketing osting such depictions on social media accounts and other online platforms
Date:	Signature: