

**RELEASE OF LIABILITY  
&  
COMMITMENT TO ABIDE BY INTERNAL REGULATIONS**

Name : \_\_\_\_\_ Surname : \_\_\_\_\_

Date of birth: \_\_\_\_\_

Certify that I am not aware at this time of any health condition or contraindication to the practice of recreational sports (If you have the slightest doubt about your state of health, it is highly advisable to consult a medical doctor before practicing a physical activity or sport).

I undertake to abide by the Internal Regulations of the Sports Facilities of the University of Nantes, which I read when I registered.  
(Available for consultation on-site or on the website: [www.univ-nantes.fr/](http://www.univ-nantes.fr/) Sport / Plus de 50 activités / Inscription).

Nantes, on \_\_\_\_\_

Signature of participant

