TERM OF RESPONSIBILITY
ALÍNEA MALABARISTA, LDA. (9.8 GRAVITY CLIMBING LISBON)

Full name of the parent/guardian/legal representative: Pascal Karsenty
Date of birth: 19/01/1972
Telephone: +330660347234
National ID / Passport Number / NIF: 22fc93119
Email: info@dinamyimmobilier.com
Postal Code: 06300

Child's Full Name: Karsenty Child's Date of Birth: 28/12/2014 Gender: Male
Child's Full Name:
Child's Date of Birth: Gender:
Child's Full Name: Child's Date of Birth: Gender:
Child's Full Name:
Child's Date of Birth: Gender:
Child's Full Name: Child's Date of Birth: Gender:

Considering the participation in the climbing activities developed at and by Alínea Malabarista Lda, hereinafter referred to as 9.8 GRAVITY, I, identified above and undersigned, declare that:

1 - I am aware of the possible risks that may occur during climbing activities, namely bouldering.

2 - As a participant (or legal guardian), I assume responsibility for my actions (or the actions of the minor I represent) during the activities.

3 – I declare that I am fit for the practice of this physical activity and that I enjoy full health; that I do not have any pre-existing disease, condition, physical and/or psychological problem or other conditions that are incompatible with the practice of sports such as: sprains, injuries , recent fractures or surgeries, epilepsy, heart, circulatory, respiratory or spinal problems, aerophobia, acrophobia, physical or mental disability, high blood pressure, overweight or underweight, pregnancy, vertigo or other relevant circumstances such as the consumption of any kind of drugs or alcohol or even conditions that prove to be incompatible with the practice of sports.

4 - I freely acknowledge and assume all risks inherent to the activity, whether known or not, and I understand that, like any other physical activity, there are risks of an accident that can result in injuries or fractures;

5 - I acknowledge that 9.8 GRAVITY does not advise the practice of physical activity without the minimum physical preparation required for climbing and I exempt 9.8 GRAVITY from all liability for any accidents that may occur as a result of the omission or falsity of the information provided here.

6 – I acknowledge that I have been informed that, in case of activation of the 9.8 GRAVITY Personal Accident Insurance and once its has been exhausted, the coverage of all remaining treatment expenses is entirely my responsibility.

AFTER HAVING READ AND UNDERSTOOD THIS TERM OF RESPONSIBILITY, AS WELL AS THE RULES FOR USE OF THE SPACE AND HAVING UNDERSTOOD AND ACCEPT ALL OF THEIR TERMS, I AGREE TO ALL THE ABOVE THROUGH MY SIGNATURE BELOW, WHICH I DO FREELY AND WITHOUT ANY COERCTION ON THIS DATE.

01/11/2026
Pascal Karsenty

I agree to receive news, promotional and marketing messages related to the products and services offered by 9.8 Gravity Climbing: X

Signature: _____