



Membership Agreement

Mr / Mrs / Ms / Dr: _____

Date of birth: _____

Mobile: _____ E-mail: _____

In case of emergency, please contact (name/telephone): _____

Membership _____

Method of payment

Monthly ☐ 6 months ☐ 1 year ☐

Cash ☐ Visa ☐ Master Card ☐ American Express ☐ Union Pay ☐ Invoice ☐

Payment due date: _____

I hereby confirm that I have received, read and agree to the Membership Terms and Conditions of Pürovel Spa & Sport as well as Pürovel Spa & Sport rules both of which are available in print in the reception of Pürovel Spa & Sport and electronically on the website (www.swissotel.com/hotels/tallinn/spa-fitness) of Pürovel Spa & Sport. I also confirm having read the privacy terms of Pürovel Spa & Sport available in print in the reception of Pürovel Spa & Sport and electronically on the website (www.swissotel.com/hotels/tallinn/spa-fitness).

We would like to keep you informed about offers of Pürovel Spa & Sport, to send you our newsletter, invitations to events, and other interesting content. We kindly ask you to tick the boxes where you grant us respective consent.

Offers

I would like to receive information, services and events from Pürovel Spa & Sport by E-mail ☐

Newsletter

I would like to receive Pürovel Spa & Sport newsletter by E-mail ☐

You always have the right to withdraw your consent (each separately and all jointly) granted to us by e-mailing us to privacy.tallinn@swissotel.com or or by using the unsubscribe link at the bottom of every subsequent marketing message.

The controller of your personal data is Swissotel Estonia OÜ, operator of Pürovel Spa & Sport. For further information on processing of your personal data, please see our Privacy terms available at (www.swissotel.com/hotels/tallinn/spa-fitness).

Signature: _____ Date: _____



CONFIRMATION BY PARENT/GUARDIAN

(To be completed by parent/guardian of 16 to 18-year-old minor)

I hereby confirm that I am the parent/guardian of the Member being a minor and that the Member is at least 16 years of age and that the information provided in this Membership Agreement is true, accurate and complete. I confirm having read the Terms and Conditions, Rules and Privacy Terms of Pürovel Spa & Sport and approve signing of the Membership Agreement by the minor and the above consent(s) granted by the minor for sending marketing information and offers by Pürovel Spa & Sport.

Name: _____

Signature: _____ Date: _____

For official use only

Spa coordinator: _____ Payment date: _____

Membership start date: _____ End date: _____

Confirmed by: General Manager

Confirmed by: Pürovel Spa & Sport Manage

