

WAIVER FORM

CUSTOMER DETAILS

(PLEASE PRINT)

Name: _____

Address: _____

Telephone: _____ Mobile: _____

Email (so we can register you for your IKO card): _____
(PLEASE PRINT)

Are you over 18 years of age? Yes / No

Any medical conditions that may affect you ability to participate in this sport?

Asthma / Diabetes / Allergies / MS /..... Yes / No

If yes, please explain _____

Kiting / Boarding Experience: _____

How did you find out about us? _____

KITE / KITEBOARD LESSON RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

BY SIGNING THIS DOCUMENT YOU MAY WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

1. ASSUMPTION OF RISK / WARNING AS TO RISK: I am aware that kiteboarding involves certain inherent risks, obvious risks, dangers and hazards which can result in serious personal injury or death to myself and/or others. I agree to accept any and all known and unknown risks of injury while using this equipment.
2. I understand and acknowledge that kiteboarding activities have inherent dangers that no amount of care, caution, instructions or expertise can totally eliminate.
3. I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN KITEBOARDING ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF ANY PARTY. THIS APPLIES TO INSTRUCTION AND HIRE OF EQUIPMENT, BOTH NOW AND IN THE FUTURE.
4. I further agree that I WILL NOT SUE OR MAKE A CLAIM against any party for damages or other losses sustained as result of my participation in kiteboarding activities.
5. I further represent that I am least 18 years of age; or that as the parent or legal guardian I waive and release any legal rights to me or to my minor child as a result of any injury that my son or daughter (minor) may suffer while engaging in kiteboarding activities.
6. By signing this form I acknowledge that I do not have any medical conditions that will affect my ability to participate in this sport or endanger other participants should there be an accident.

I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS, AND ASSUMPTION OF RISK, FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.

Signature: _____ Date: ____ / ____ / ____

Name: _____

(or name of Parent / Guardian)