

OCEAN FITNESS LLC WATER SPORTS WAIVER
SPORT PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Please read and be certain you understand the implications of signing. By signing below, you are confirming your agreement and understanding of what is stated below.

Express Assumption of Risk Associated with Sport, Venue Use and Related Activities.

Name of Participant(s) _____ Age _____

Home Address _____ City _____

State _____ Zip/Postal Code _____

Cell Phone _____ Home phone _____

Local Address/Hotel/Condo name and unit # _____

Email _____

Emergency Contact Name _____

Phone Number _____

List any known medical conditions/limitations (heart condition, high blood pressure, diabetes, asthma, etc.) or allergies to plants or insects (bees, jellyfish, etc.)

Are you taking any medication? _____ If yes, what medication are you taking?

Are you currently being treated for any medical condition? _____

If yes, what medical condition are you receiving treatment for? _____

Physicians Name: _____ Physicians Phone No. _____

Kitesurfing Students: Helmet Size: XS S M L XL _____

Harness Size XS S M L XL _____

Office Use:

Date Start Time Level Student/Instructor Hours Rate TOTAL

I, _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with activities with **stand up paddle boarding, surfing or kite boarding**, transportation of equipment related to the activities, and traveling to and from activity sites in which I am about to engage. **Inherent hazards and risks include but are not limited to:**

1. Risk of injury from the activity and equipment utilized is significant including the potential for **broken bones**, severe **injuries to the head, neck, back** and/or **surfers' myelopathy, drowning**, or **other bodily injuries** that may result in **permanent disability or death**.
2. Possible **equipment failure** and/or malfunction or misuse of my own or others' equipment, which may result in injury, including those injuries described above.
3. I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE GOVERNING BODY OF THE SPORT I AM PARTICIPATING IN. However, I understand that protective gear cannot guarantee the participant's safety. I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to: the wearer's **face, neck or spinal cord or from surfers' myelopathy**.
4. Variation in terrain, wind, temperature and water conditions, including but not limited to waves, currents, shore break, tides, marine life, blowing sand, trees, rocks, other persons and their equipment, and other natural and man-made hazards.

