



Name .....

Address .....

Phone ..... Mobile .....

E-mail address .....

Emergency contact ..... Phone .....

How did you find out about us? flyer  word of mouth  website  other  .....

Would you like to be sent information on future promotions? Yes  No

If pictures are taken, do you agree to have your picture used for promotional purposes? Yes  No

## Payment

Amount \$ ..... Cheque  Cash  Voucher

## Medical information

Do you have any medical conditions that the instructor should be aware of? If so, please give details below (f.e. asthma, epilepsy, allergies, impaired vision or hearing, etc.)

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## Disclaimer

- I acknowledge that there are inherent dangers associated with this activity and my participation in this activity, and that serious accidents can happen which may result in me being injured.
- I declare that I am medically and physically fit and free from impairment and able to participate in this activity.
- I declare that I can swim 100m.
- I agree not to drink alcohol or take drugs prohibited by law before or during this activity.
- To the full extent permitted by law, I agree to absolve and indemnify Encounter Water Sports, and its employees from and against any and all liability for injury, loss or damage however caused arising out of my participation in this activity.
- I agree to release and forever discharge Encounter Water Sports from all claims that I may have or may have had but for this release arising from my participation in this activity.
- I authorise Encounter Water Sports to arrange medical and hospital treatment (including, and without limitation, ambulance transportation) if I am NOT available to do so and I indemnify Encounter Water Sports for all costs associated therewith.

Signed ..... Dated ..... / ..... / .....

Parent/guardian (if under age of 18 years) .....