



## Activity Briefing: Legal Waiver & Liability Release: Declaration of fitness to participate

**CUSTOMER NAME:**

Date:	Time:	Location:
Weather		<b>Sign each box below:</b>
Visual Hazards		
Distance-off Rules	60m or laying under 6 Knots	
Speed and Gearing	Under 10 Knots @	
Safety Equipment - fitted	PDF & Helmet	
Communication	Handsignals & BBTalking	
Emergency Procedure	Student & Instructor	

**Declaration of fitness to participate**

I hear by declare that I am physically fit. I do not suffer from any of the following conditions which I understand may lead to a dangerous situation with regards to other persons or myself during electronic hydrofoiling.

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, back injuries, arthritis and sever joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, or any condition that requires the regular use of drugs.....(please circle any condition that needs to be disclosed)

I do have the following condition that is not listed \_\_\_\_\_

I hear by declare that I have no physical or mental condition that should preclude me from participating in this activity, that I am not participating against medical advice or treatment, and I have not been diagnosed by a registered doctor as having a terminal illness. Even if I have a health condition as stated above of which I am unaware, by signing this form, I still choose to participate in the activity of Flite boarding and agree to waive all responsibilities to all parties and acknowledge the Flite boarding release liability waiver of claims expressed assumption of risk and indemnity agreement concerning any consequences that would result from my actions.

I acknowledge that I will be required to wear a safety vest and helmet and am physically able to do so and participate in this activity.

I further declare that in the event that I feel unwell or have any physical complaints whatsoever or if any injury is sustained of any kind during the course of this activity, I will notify the person in charge immediately and complete the incident report form before leaving this location.

**I have read the above declarations, understand them, and I agree to be bound by them.**

**Name of Participant:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address/ Contacts: \_\_\_\_\_

**Release Liability Waiver of Claims expressed assumption of Risk and Indemnity Agreement**

I acknowledge and agree that I assume all responsibility for my own personal property and that of the provider and any damage to the property of the provider I accept and assume liability to pay for the full replacement cost of any equipment or property that was wilfully, carelessly, intentionally, or negligently damaged by me.

I am aware of the inherent risks of undertaking the activities and may result in serious injury or permanent impairment. I fully accept responsibility for my fitness and any limitations, and that this activity requires physical exertion and the use of the equipment maybe strenuous. I absolve the provider and all its employees from all liability howsoever arising from any personal injury or property damage and consequent loss caused or arising out of my participation and extend this to include what others may consider any negligent act or omission, breach of duty, default or oversight, etc on the part of the provider to the maximum extent permitted by law, hence I agree to indemnify and keep GlideTime indemnified. I accept this document as constituting a risk warning.

I acknowledge I am engaging in the activities of my own free will and I agree to assume all risk and waiver my right from all claims, loss, damages, cause of actions, suits or proceedings, etc arising from, or in connection with my participation.

I acknowledge and agree that if I do not hold a general boat driving license the Flite Board must not be operated at a speed of 10 knots (approx. 18 km/h) or more as instructed during the briefing.

I understand that by signing this agreement I confirm that I have read this document and fully understand this agreement is binding upon me as well as my heirs, administrators, executives, personal representatives and this agreement must continue in full force and effect, and I accept it as valid and always remain so.

**I have read the above declarations, understand them, and I agree to be bound by them.**

**Name of Participant:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address/ Contacts: \_\_\_\_\_

**Name of Guardian:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If participant is a minor, and by Guardians signature, they on my behalf  
release all claims that both they and I have.**