



## Waiver Agreement

By making this booking and/or participating in a stand up paddle (SUP) coaching session or programme, you agree to the terms and conditions in this document, including, if required having your parent or legal guardian's permission to participate in this activity.

I understand that:

- ☐ I participate in this activity at my own risk and have my parent or legal guardian's permission to participate in this activity.
- ☐ I hereby attest and verify that am physically fit to participate in this activity. Any medical conditions potentially affecting my ability to participate in this activity are indicated in the Important Medical Information section below:

Important Medical Information	Yes	No
Cardiovascular and/or plumonary conditions (such as diagnosed heart condition or stroke, or unreasonable chest or leg pain during exercise)		
Immediate family members with a history of heart disease or stroke		
Asthma		
Diabetes (Type 1 or 2)		
High blood pressure or taking high blood pressure medication		
Known bone or joint problem that is aggravated by exercise		
Epilepsy		
Smoking (currently or quit in the last 6 months?)		
Age Male over 55 years or female over 65 years		
Any other conditions that may increase risk of adverse reaction to exercise		
Please provide further information as necessary		

- ☐ I agree to comply with the rules and directions of the SUP Instructor(s).
- ☐ I allow the use of my name and image in the media and for marketing purposes.

- ☐ I hereby agree to release from any liability of any nature whatsoever all persons, corporations, associations and bodies involved with, or otherwise engaged in promoting or staging this session and any other session that I may participate in, and also their servants, agents, representatives, officers, sponsors and employees; even if any loss, injury or damage is due to the negligence of any one or more of them.
- ☐ If I damage the equipment of, or supplied by, the SUP Instructor or event organiser/s I agree to pay for it's repair or replacement, fair wear and tear excepted.
- ☐ I understand that weather conditions may on occasion result in cancellation or postponement of this session. Where this occurs, the session will either be re-arranged or any payment refunded.

Name:

Date:

Contact Number:

Contact Email:

Emergency Contact Name:

Emergency Contact Number:

Signature: