

Annex A – Disclaimer Form

DECLARATION OF FITNESS TO PRACTICE A TOWING ACTIVITY

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during the activity

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 addition, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, or any condition that requires the regular use of drugs.

I hereby 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 that 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 and agree to waive all responsibilities to all parties mentioned in the Towing Release of Liability, Waiver of Claims, Express Assumption of Risk and Indemnity Agreement, which I have already signed, concerning any consequences that would result from my actions.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of the activities, I will notify the skipper/person in charge of the towing vessel immediately and before disembarking from the vessel. I have read the above Declarations understand them, and I agree to be bound by them.

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

Signature of Adult Participant Name of Adult Participant Date

Address of Adult Participant Phone

Signature of Parent or Guardian Name of Parent of Guardian Date
If participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have.

Address of Parent of Guardian Phone

Name of Minor Date

Address of Minor Phone