

## Acknowledgement of Risk & Responsibility, Waiver of Liability and Conditions of Use

**Responsible Participating Adult Name:** \_\_\_\_\_

**Session Date:** \_\_\_\_\_

**Session Time:** \_\_\_\_\_

### Under 18's

**This waiver and terms and condition affect your legal rights. Taking part in this activity could cause serious injury or death. Should you have any concerns regarding any aspect of a child's health prior to participating, you should consult your doctor and receive medical clearance before participating. Please read and understand the conditions prior to signing.**

**TO BE COMPLETED BY A RESPONSIBLE PARTICIPATING ADULT OVER 18 YEARS OLD WHO IS SUPERVISING CHILDREN AGED 10 to 17**

- 1) All children in my care are aged 10 to 17, at least 145cm tall and under 95kgs in weight.
- 2) All children are voluntarily participating in this Activity with the knowledge of the dangers involved and I agree to accept all risks of loss, injury or death.
- 3) I understand and acknowledge that it is necessary for all children to maintain control of the E-Scooter at all times to minimise this risk and to operate in a careful, considerate and safe manner, with due consideration for their own safety, the safety of their fellow riders and members of the public.
- 4) I understand that all children need to abide by the Code of E-Scooter provided to them, together with the safety instructions and advice given to them by the instructor before undertaking the Activity and understand that failure to comply may terminate our session.
- 5) I understand and acknowledge that all children require a reasonable level of fitness and ability to participate in the Activity.
- 6) I understand that a helmet is provided for the participant's safety and agree that it is my responsibility to ensure that all children wear a helmet and have it fastened at all times when operating the E-Scooter.
- 7) None of the children have any health issues or medical conditions which might prevent them from riding safely and have the effect of making it more likely that they are involved in an accident which could result in injury to themselves or others.
- 8) In the event of an accident or any damage, loss, injury or death involving the children listed above, I acknowledge that the Company will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the Activity (except for death or personal injury caused by the Company's negligence) and I waive all and any claims against the Company in this respect of the children in my care.
- 9) I agree to ensure cessation of operation of the E-Scooter by any children in my care if I am concerned in any way about its operation.
- 10) I understand that I will be held liable for any damage caused to equipment (and an associated costs and losses arising from damage) during the session caused by the children's misuse or damage due to failure to comply with instructions provided.

**Names of participants under 18 years old that I will be responsible for. I declare that if I am not the parent/guardian of the child, that I have authority from the child's parent/guardian to sign this form on their behalf.**

**Photography:** I grant Gravity IOM Limited, its representatives and employees the right to take photographs and/or video of the children in my care during the Activity.

I authorise Gravity IOM Limited, its assigns and transferees to copyright, use and publish the same in print and/or electronically for publicity, advertising and illustration used by Gravity IOM Limited for publicity, marketing and social media purposes. I understand that I can request to have the children's images removed.

Please indicate below by circling "YES" or "No" under the permissions to use photos or videos.

<u>Under 18's Full Name</u>	<u>D.O.B</u> (DD/MM/YY)	<u>Age</u>	<u>Emergency Contact Name &amp; Number</u>	Permission to use photos	Permission to use video
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No

**Signed** \_\_\_\_\_

**Date:** \_\_\_\_\_