

IKO Center/Instructor Name: \_\_\_\_\_

IKO Center/Instructor ID: \_\_\_\_\_

## Student Waiver Form

In consideration for the courses and/or activities utilizing the facilities, ground IKO Center, kiteboarding instruction, premises and equipment of \_\_\_\_\_ (IKO Center/Instructor Name), I \_\_\_\_\_ (clearly print your name) hereby acknowledge and agree to the following:

- ☐ I understand and acknowledge that kiteboarding activities have inherent dangers that no amount of care, caution, instruction, or expertise can totally eliminate. **I expressly and voluntarily assume all risk of personal injury or death sustained while participating in kiteboarding activities whether or not caused by the negligence of the released parties.**
- ☐ I agree that I will operate the said kiteboarding equipment in a reasonable and safe manner so as not to endanger the lives of persons or property of any individual.
- ☐ I confirm that I am an open water swimmer.
- ☐ I am not under the influence of alcohol or drugs.
- ☐ I am in good health condition and have no medical condition that may interfere with the practice of kiteboarding activities. I am not pregnant or nursing. I have no mental impairment that may affect my judgment of danger and information given during the practice of kiteboarding activities.
- ☐ The school Manager and/or the Instructor has given me the full opportunity to ask any and all questions about kiteboarding activities and all of my questions have been answered to my total satisfaction.
- ☐ I acknowledge that I have been given adequate opportunity to read and understand this document, that it was not presented to me at the last minute.
- ☐ I further represent that I am at least 18 years of age or that as the parent or legal guardian I waive and release any and all legal rights that may accrue to me or to my minor child as the result of any injury that my son or daughter (minor) may suffer while engaging in kiteboarding activities.
- ☐ I give my consent to the IKO Instructor or IKO Center to share my personal information to the IKO in order to receive my certification.
- ☐ **I have read this waiver, fully understand its contents, and sign it of my own free will.**

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

\_\_\_\_\_  
Name of Student (Print)

\_\_\_\_\_  
Signature of Student or Legal Representative if minor

Email: \_\_\_\_\_