

**DECLARATION OF FITNESS FOR BOARD SURFING, KITESURFING,
KITEBOARDING, WINDSURFING OR SNOW KITING**

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 Board Surfing, Kitesurfing, Kiteboarding, Wind Surfing or Snow Kiting.

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

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 Board Surfing, Kitesurfing, Kiteboarding, Wind Surfing or Snow kiting and agree to waive all responsibilities to all above mentioned parties concerning any consequences that would result from my actions.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen 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.

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 Board Surfing, Kitesurfing, Kiteboarding, Wind Surfing or Snow kiting activities, I will notify the instructor immediately.

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

S/	Signature of Adult Participant	Name of Adult Participant (Please Print)	Date
	Address of Adult Participant	Phone #	
S/	Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have	Name of Parent or Guardian (Please Print)	Date
	Address of Parent or Guardian	Phone #	
	Name of Minor (Please Print)	Date	

If you cannot sign the above declaration because of any of the above conditions, you must notify the instructor before commencing any activity.

Attention of the Instructor / Authorized Insured Only (Counter – Sign upon full and correct completion)			
S/	Counter-Signature of Authorized Insured	Name of Authorized Insured (PLEASE PRINT)	Date