



- 2) To release the releasees, their officers, directors, employees, representatives, agents, and volunteers, and vessels from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise, with the exception of gross negligence. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury or loss of life that may occur as a result of engaging in the above activities.
- 3) By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.

## DECLARATION OF FITNESS TO PARASAIL

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 Parasailing.

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, recent blood donation 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 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. 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 Parasailing and agree to waive all responsibilities to all parties mentioned in the Parasailing 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 Parasailing activities, I will notify the Captain of the Parasail 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.**

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 of Guardian (Please print)	_____ Date
_____ Address of Parent of Guardian		_____ Phone #
_____ Email		
_____ Name of Minor (Please print)		_____ Date

**If you cannot sign the above declaration because of any of the above conditions, you must notify the Captain immediately before you leave shore or board the Parasail vessel.**

**Attention of the Captain/Authorized Insure Only (Counter-Sign upon full and correct completion)**

S/ _____ Counter-Signature of Authorized Insured	_____ Name of Authorized Insured (Please Print)	_____ Date
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