ITEM RETURN

DATE: _____

EM	D.		
LIVE			



ITF	M	PI	CK	P

DATE:	
TIME:	

EMP:	

CUSTOMER NAME:	HOME PH	ONE:
HOME ADDRESS:		ONE:
_		TION:
EMAIL ADDRESS:		
DRIVER'S LICENSE #:		

State / License #

QTY	ITEM DISCRIPTION	LENGTH OF RENTAL	ITEM PRICE	TOTAL

TAX	/7%)
IAA I	(7%)

		IVIF	1L Ψ		
ACCESSORIES INCLUDED IN RENTAL: (Record total number of each item checked out)					
Paddles	PFD(s)	Wrist Guards (Pair)	Lock		
Sit-On-Top Seat(s)	Thigh Straps (Pair)	Elbow Pads (Pairs)	Basket		
Nylon Spray Skirt(s)	Neo Spray Skirt(s)	Knee Pads (Pair)	Helmet(s		
Neo Booties (Pair)	Neo Gloves (Pair)	Foam Blocks	Car Strap		

PERSONAL WATERCRAFT RENTAL OPERATIONS RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with use of rental of Personal Watercraft and Related Activities

- I, <u>Please Print First Name, Middle Name & Last Name</u> do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with motorized (e.g., jet ski, rental boat) or non-motorized (e.g., kayak) and related water sport activities to which I am about to engage, including but not limited to:
- 1) changing water flow, tides, currents, wave action, and ship's wakes;
- 2) collision with any of the following;
 - a) other participants, b) the watercraft, c) other watercraft, d) man made or natural objects, e) shuttle boat:
- 3) wind shear, inclement weather, lightning, variances and extremes of wind, weather and temperature;
- 4) my sense of balance, physical condition, ability to operate equipment, swim and / or follow directions;
- 5) collision, capsizing, sinking, or other hazard that may result in wetness, injury, exposure to the elements, hypothermia, impact of the body upon the water, injection of water into my body orifices, and / or drowning;
- 6) the presence of insects and marine life forms:
- 7) equipment failure or operator error;
- 8) heat or sun related injuries or illnesses, including sunburn, sun stroke or dehydration;
- 9) fatique, chill and / or reaction time and increased risk of an accident

I specifically acknowledge that I have read, understand and agree to abide by the Personal Watercraft Operational instructions at all times and that I have been trained in the safe use of watersport equipment to my complete satisfaction, and I am physically/mentally able to participate in the water sport activities to which I am about to engage.

I specifically waive any defense insofar as this contract is concerned that may arise as a result of any state or local law and / or regulation or policy that may impact its enforceability.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration of being allowed to participate in the above-described activities, as well as the use of any of the facilities and the use of the equipment of the below listed releasees, I hereby agree as follows:

To waive and release any and all claims based upon negligence, active or passive, with the exception of intentional, wanton, or willful misconduct that I may have in the future against all of the following named persons or entities herein referred to as releasees.

Kitty Hawk Flight School LLC, Kitty Hawk Kites of Florida LLC, Kitty Hawk Kites Inc., Camp Hatteras LLC, Maritime Properties Inc., Monteray Shores, US Fish & Wildlife Service, Pea Island National Wildlife Refuge, US Government Dept. of Interior, Hatteras Landing/Pale y Midgett Co. LLC, John Harris, JA Davis, Town of Kitty Hawk, Earth Resources, Corolla Light Community Association, You Can Fly LLC, Marian Meekins, John Ferebee Jr., Harbor Walk Inc., Town of Duck, Town of Kill Devil Hills, Town of Nags Head, Currituck County and Dare County, Waves Village LLC, Jockeys Ridge Crossing LLC

- 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
- 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.

I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf and that my parent or legal guardian is in complete understanding and concurrence with this Agreement.

Signature of Adult Participant

Name of Adult Participant (Please Print)

Date

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 Minor (Please Print)

Name of Minor (Please Print)

Date

FORM 381 (0208)

DECLARATION OF FITNESS TO OPERATE PERSONAL WATERCRAFT

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 operation of rental personal watercraft:

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.

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 may be unaware, by signing this form I still choose to participate in the activity with the rental property and agree to waive all responsibilities to all above mentioned parties 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 Personal Watercraft Rental, I will notify the Rental Operation Manager immediately and before leaving the premises.

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

	That o Toda the above been and the ine, a	,	,	y
S/	Signature of Adult Participant	Name of Adult Particip (Please Print)	pant	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 Gu (Please Print)	uardian	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 Rental Manager immediately before you board any vessel.

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

FORM 383 (0604)