

WAIVER OF LIABILITY

FULL NAME: (please print) _____

DATE OF BIRTH (Y/M/D): _____ AGE: _____ HEIGHT (cm) : _____

HOTEL: _____ ROOM NO. _____ TRAVEL AGENT: _____

CURRENT ADDRESS: _____

HOME PHONE: _____ EMERGENCY CONTACT: _____

NOTICE

1. You must be 10 years old or older, 140 cm or taller, and must be in good health. However, subject to using the children's helmet supporter, a child maybe permitted to participate, only if he/she is healthy AND is of ages 8 and above AND is 120 centimeters and higher AND is capable of wearing the helmet properly AND if accompanied by a guardian.
2. You cannot be under the influence of any drugs or alcohol.
3. If you are under 20 years old, you must have the signature of your guardian.
4. If you are pregnant, please refrain from attending this course.

CASE HISTORY

Check (✓) all items that apply to you and consult your instructor.

1. I have a cold. I have stuffy nose.
2. I have had sinus in the past
3. I have had ear disease.
4. I currently (in the past) have (had) lung disease or respiratory disease.
5. I currently (in the past) have (had) heart disease.
6. I tend to have attacks, paralysis, or get dizzy.
7. I am under medication.
8. I am pregnant.
9. I have claustrophobia.
10. I have recently suffered illness or underwent surgery
11. I am consulting a physician
12. I have allergies.

I hereby agree that I will participate in the Seawalker course at my own will, and that I will abide by the Instructor's safety control instructions. I further agree that I, My family, my relatives, and/or acquaintance will not claim for any indemnification against your company, Instructor, or the qualifying party (the Kcompany), of any damage whatsoever that may occur by my participation in the Seawalker course. I hereby agree that my signature, or in case I am not a legal adult my guardian's signature on this Waiver of Liability , shall hold the same effect as a waiver of liability.

Participant's Signature:

Date (Y/M/D):

Guardian's Signature:

Date (Y/M/D):