



## Riders liability form

I hereby acknowledge and agree to the following: I understand and acknowledge that Kitesurfing /Windsurfing 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 Kitesurfing/windsurfing 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 and have no medical condition that may interfere with the practice of Kitesurfing/windsurfing 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.

In the event of injury you agree to rely on your own personal health insurance to cover any medical or injury related expenses.

I further agree that I WILL NOT SUE OR MAKE A CLAIM against the Released Parties for any injury, damages or other losses sustained as a result of my participation in Kiteboarding /Windsurfing activities.

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 occur to me or my minor child as the result of any injury that my son or daughter (minor) may suffer while engaging in kitesurfing/windsurfing activities.

For any complaints during the event will share them with the responsible person.

**I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS.**

**I SIGN IT OF MY OWN FREE WILL AND AGREE TO BE BOUND BY IT.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

ID number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

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