Safety Terms & Customer Declaration

for Guided Kayak Tour

While on your safe guided kayaking trip, In any adventure activity, there is an element of risk involved.

Risks in undertaking this activity include drowning if you capsize, repetitive strain injuries from paddling long distances, sun-burn and dehydration, injuries from collisions with other vessels, hypothermia and damaging the environment.

The staff and management of Sea Kayak Adventures take all practicable steps to identify and minimise potential dangers. However, you must follow our instructions (and use the safety equipment provided) at all times. Adults accompanying any person under the age of 18 must ensure that the underage person follows our instructions at all times.

You must release or indemnify Sea Kayak Adventures and our staff against any liability we incur to anyone else, resulting from your failure to follow our instructions or the failure of any person accompanying you under the age of 18 to follow our instructions.

We reserve the right to withdraw any person who in our opinion is likely to endanger them selves or others. We also reserve the right to cancel the kayak tour if we become concerned for any reason for your safety or that of any other person.

WARNING: Under New Zealand law, it is extremely unlikely that you will be able to sue anyone if you are injured. In addition, New Zealand's accident compensation scheme provides only limited assistance to visitors to New Zealand who are injured. We strongly recommend that all visitors to New Zealand have full insurance covering any injury they might suffer, including medical treatment cover, before undertaking this activity.

EXCLUSIONS: To the extent permitted by law, all our liability for damage to your property, disruption to travel plans, or mental injury is excluded. This exclusion is subject to any rights or remedies you may have under the Consumer Guarantees Act 1993.

Please list on this form any medical conditions or other information we need to know to include you safely in this activity. For example, asthma, allergies, heart conditions, epilepsy or pregnancy. You are entitled to access any information we hold about you or to request its correction at any time.

In signing this document, I/we acknowledge that I/we have read and understood the above safety terms:

| Name/s | | |
|---|------------|-------|
| Can you swim? | Y [] N [] | Y N [|
| Have you kayaked before? | Y . N . | Y N [|
| Medical Conditions or Allergies | | |
| | | |
| Signature of Customer (parent/guardian if customer is under 18) | | |
| Contact Person/s Details (in case of | emergency) | |
| Million Pales Income to the control of | | |
| Where did you hear about us Driving past I-site Frie | nds/Family | |
| Other (Please Write) | | |
| | | |



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| Contact Person/s Details (in case o | f emergency) | - | |
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