



Health & Safety Disclosure

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| <p>Your Details (if filling the form for your family or as a couple, provide the number of participants as well as their names. You must read out the information below prior to them signing this form.)</p> |
| <p>Name(s):</p> |
| <p>Please state how many are in your family:</p> |
| <p>Phone Number: (Please give us the number that is going on the water with you):</p> |

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| <p>Emergency Contact - Details of <i>someone who cares...</i></p> |
| <p>Name:</p> |
| <p>Relationship:</p> |
| <p>Phone:</p> |

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|---|-----|----|
| <p>Do you have any medical condition that may render it unsafe for you to go kayaking or paddleboarding</p> | YES | NO |
| <p>Examples: asthma, diabetes, epilepsy, chronic back disorders, chronic allergies, ear/circulatory conditions, or any other condition that could be affected by exercise or result in drowning</p> | | |
| <p>If yes, provide details and let our team know:</p> | | |

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|--|-----|----|
| Are you confident in the water? | YES | NO |
| Can you swim? | YES | NO |
| Do you have experience with kayaking? | YES | NO |
| Do you have experience with paddle boarding? | YES | NO |

Safety Acknowledgement

Raglan Kayak & Paddleboard will take all necessary steps to manage risk to reflect your capabilities; however, the risk cannot be eliminated. Risks and hazards such as getting wet and cold, being sunstroke, adverse animal encounters as well as natural hazards and potential events leading to drowning are part of any water-based activities and cannot be completely eliminated. By signing, you acknowledge and accept the risks to your personal safety. You also confirm that all information you shared is true and that you will not hold Raglan Kayak & Paddleboard or its personnel responsible for any harm suffered to you or your personal effects. You also agree to follow your selected route, stick to your booking timeframe, wear safety equipment issued to you and to comply with all safety requirements.

Raglan Kayak has a zero drugs and alcohol policy in place while engaged in our services.

Signature(s) Every Adult must sign:

DATE:
