

KAYAK AND STAND UP PADDLE BOARD WAIVER.
Acknowledgment & assumption of risks & responsibility & release of liability
In consideration for services provided by Brighton Baths Health Club
ACN 122209947 ABN 90139180498

TODAYS DATE: / /20 TIME OUT: AM/PM SIGN: _____

WARNING: There are elements of risk in any adventure sport or activity associated with the outdoors and water. In recognition of the risk of the activity that myself and any minor children for whom I am responsible, confirm that I am physically and mentally capable of participating in the activity and/or use of equipment; **each and every use**. I participate willingly and voluntarily.

I also assume responsibility for damage to or loss of my/our personal property as a result of any accident that may occur. I will wear an approved personal flotation device (life vest) for waterborne activities. I will seek staff instruction on proper use of equipment. I will not use the equipment under the influence of alcohol or drugs.

I am aware of the risks inherent in this activity and assume full responsibility for personal injury, accidents or illnesses (including death) that may result from my, or the minor(s) for whom I am responsible, participating in the activity and any resulting expenses.

ACKNOWLEDGEMENT:

I acknowledge that there are inherent risks in this type of activity, including but not limited to the following:

1. Risks typically associated with watercraft including change in water flow or current, submerged, semi submerged and overhanging objects, capsizing, swamping or sinking of watercraft and resultant injury, hypothermia, and/or drowning;
2. Cold weather or heat related injuries and illnesses including hypothermia, frostbite, heat exhaustion, heat stroke, and dehydration;
3. An 'act of nature' which may include inclement weather, thunder and lightning, severe and/or varied temperature, weather conditions, and winds including tornadoes;
4. Operator error;
5. Attack and/or bite by animals.
6. **"Late return will be charged at the normal full rates – currently \$25. For your own safety, and our concern of same we also need you to adhere to your booked time. If you require extra time please organise/enquire prior to departure, as there are quite often other bookings after yours.**
7. Children 12 years and under must be accompanied by an adult at all times.
8. Children between 13 and 17 must be under parental supervision at all times.
9. 18 and above can use both in or outside the baths in accordance with other guidelines.
10. All will wear life jackets.
11. Only 3 vessels are allowed inside the baths at any one time



EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:

In recognition of the inherent risks of the activity that I and any children/people for which I am responsible will engage in, I confirm that I am physically and mentally capable of participating in the activity and and/or use of equipment. I participate willingly and voluntarily.

I am aware of the risks inherent in this activity and assume full responsibility for personal injury, accidents or illnesses (including death) that may result from my, or the minor(s) for whom I am responsible, participating in the activity and any resulting expenses.

I also assume responsibility for damage to or loss of my/our personal property as a result of any accident that may occur. I accept that wearing an approved personal flotation device for waterborne activities is a basic safety precaution.

COVENANT OF GOOD FAITH:

I recognize that you, as provider of goods and/or services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity or refuse or terminate the participation of any person for the safety of myself and/or other participants.

I acknowledge that no guarantees have been made.

AUTHORIZATION:

I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my behalf.

RELEASE AND INDEMNIFICATION:

In consideration of services or property provided, I, for myself, and any minor children, for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assignees, do hereby release and, in the case of minor children, will indemnify:

Brighton Baths Health Club, its principals, directors, officers, agents, employees and volunteers, and each and every landowner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability, and waives any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence). I also agree to be held accountable and pay for all damages (apart from normal wear and tear) to the watercraft and related equipment that I rent.

Brighton Baths Health Club will determine such damage and cost.

The below items must be returned on completion of the relevant activity or the following amounts will be charged:

Kayak Single and Double

- Life Jacket \$60.00
- Kayak \$880.00
- Paddle \$88.00
- Storage Cap \$40.00
- Plug \$15.00

Stand Up Paddle Board

- SUP \$1350.00
- Ankle Strap \$40.00
- Paddle \$88.00



I AM 18 YEARS OLD OR OLDER AND HAVE READ, UNDERSTOOD AND ACCEPT THE TERMS AND CONDITIONS STATED IN THIS 3 PAGE DOCUMENT. I ACKNOWLEDGE THAT THIS AGREEMENT SHALL BE BINDING UPON MYSELF, MY HEIRS, ASSIGNED PERSONAL REPRESENTATIVE, AND ESTATE, AND FOR ALL MEMBERS OF MY FAMILY INCLUDING ANY MINORS.

CONTACT NUMBER & ADDRESS OF PRIMARY USER (please print)

NAME: _____ SIGNATURE: _____ DATE _____

DATE OF BIRTH: _____

Email: _____

Contact Number: _____ Address: _____

Suburb: _____ State: _____ Postcode: _____

MINORS/PEOPLE I AM DIRECTLY RESPONSIBLE AND SUPERVISING; I agree to indemnify Brighton Baths Health Club as outlined above.

PRINT ADDITIONAL NAMES AND AGES OF PEOPLE UNDER SUPERVISION AND CARE;

1. _____ Age _____

2. _____ Age _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT NUMBER _____

Staff member print and sign and date _____

