



## Agreement & Release of Liability

Initials\_\_\_\_\_

I \_\_\_\_\_, (please print name) HEREAFTER PARTICIPANT, HEREBY ACKNOWLEDGE that I voluntarily request to participate in PARA-SAILING and that this activity is being conducted by TIDAL WAVE WATER SPORTS.

THE FOLLOWING WAS SPECIFICALLY DISCUSSED AND EXPLAINED TO ME PRIOR TO EXECUTING THIS AGREEMENT AND RELEASE OF LIABILITY AND MY ENGAGING IN THE PARASAILING ACTIVITY, TO WIT:

I. I AM AWARE THAT PARASAILING IS A HAZARDOUS ACTIVITY, AND I AM VOLUNTARILY PARTICIPATING IN PARASAILING WITH FULL KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISK OF INJURY. I FURTHER ACKNOWLEDGE THAT THE MATTERS SET FORTH IN THIS PARAGRAPH WERE FULLY DISCUSSED AND NEGOTIATED WITH AN EMPLOYEE OF TIDAL WAVE WATER SPORTS, PRIOR TO MY EXECUTION OF THIS AGREEMENT AND RELEASE OF LIABILITY AND THE MATTERS SET FORTH HEREIN ARE UNDERSTOOD BY ME TO BE A PART OF THIS AGREEMENT.

Initials\_\_\_\_\_

II. As LAWFUL BARGAINED FOR CONSIDERTION for being permitted by TIDAL WAVE WATER SPORTS, to engage in PARASAILING and use of its equipment, PARTICIPANT hereby agrees that neither PARTICIPANT nor PARTICIPANTS heirs, distributees, guardians, legal representatives and assigns will make a claim against, sue, attach the property of or prosecute TIDAL WAVE WATER SPORTS, its employees, officers, directors or agents as a result of my participation in PARASAILING activities. In addition, PARTICIPANT hereby releases and discharges TIDAL WAVE WATER SPORTS, its employees, officers, directors or agents from all actions, claims or demands which I, my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in PARASAILING activities.

Initials\_\_\_\_\_

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND TIDAL WAVE WATER SPORTS, AND SIGN IT OF MY OWN FREE ACT AND DEED.

RIDER ACKNOWLEDGES THAT HE IS OVER 18 YEARS OF AGE OR HAS CONSENT OF PARENT OR GUARDIAN.

Participant \_\_\_\_\_  
Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_

Fax this waiver prior to your visit to: 843.406.0007 or Bring this completed waiver with you!