

## **PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

Parasail riders or boat riders/spectators voluntarily request a ride and expressly agree to assume the entire risk of any and all accidents or personal injury, including death, which the rider or others might suffer during the ride, whether due to negligence or not. Riders participate in the parasail ride or boat ride knowing the existing weather conditions and other conditions and factors, which might affect the ride.

1. I agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks. Additionally, I agree to wear a U.S. Coast Guard approved personal flotation device (life jacket) while participating in this activity.

2. I hereby discharge and agree to indemnify and hold harmless Coconut Resort from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Coconut Resort's equipment or facilities, including any such claims which allege negligent acts of The Coconut Resort.

3. I certify that I have adequate insurance to cover an injury or damage I may cause or suffer while participating, or else I agree to cover the cost of such injury or damage myself. I further certify that I am willing to assume the risks of any medical or physical condition I may have. I assume full responsibility for any loss of personal property, (camera, glasses, shoes, etc.) and any costs associated with said loss.

4. I have carefully read and fully agree to the contents in this contract. I am aware that it is a release of liability and a contract between myself and Coconut Resort. I sign it of my own free will and agree to be bound by it.

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

Date \_\_\_\_\_

**IF UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN PERMISSION IS REQUIRED BY LAW.**

I, as the parent/legal guardian, fully agree to the terms and conditions stated above.

Signature of Parent/Legal Guardian \_\_\_\_\_  
Print Name of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_ Telephone Number \_\_\_\_\_