

SCHOOL / GROUPS LESSON WAIVER

Booking Name: _____ Reference Number:

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School: _____

Date: ___/___/___ Time: ____:____

Activity: SKIING TUBING

**THIS IS A LEGAL DOCUMENT, PLEASE READ CAREFULLY
HELMETS MUST BE WORN BY EVERYONE SKIING**

I guarantee that **I/my dependent am/are fit for this sporting activity** and do not suffer from back problems, a weak heart, or any other medical conditions that might be affected by this activity. **I/my dependent is/are not under the influence of alcohol or drugs.** I/my dependent am/are aware that **I am participating in an extreme sport and knowingly accept the risks involved.** I/my dependent am/is aware that **there is a chance of falling and consequently a risk of bodily injury or death.** Please be aware that if you/your dependent are overweight or unfit, the chances of injury are increased.

If you are on your own, please leave emergency contact details with staff.

Once the lesson has started, no one else will be able to join in.

Please print and sign your name below to confirm that you understand, have read, and accept the conditions above.

Gloves must be worn at all times.

BLOCK CAPITALS

	Name of participate.	Guardian's name (required for juniors aged 16 and under)	Signature
1			
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