

Contingent ID: \_\_\_\_\_

## Southern Discoveries – Kayaking - Customer Declaration

In signing this document, I acknowledge that I have read and understood the following:

In any adventure activity there is an element of risk involved. Risks in undertaking this activity can include personal injury or illness, loss or damage to property, risk of hypothermia and drowning. The staff and management of Southern Discoveries Ltd take all reasonably practical steps to identify and minimise potential dangers. You must follow our instructions and use the safety equipment provided at all times. Adults accompanying any persons under the age of 18 must ensure that the underage person follows our instructions at all times.

You release Southern Discoveries Ltd and all our staff against any liability we incur resulting from your failure to follow our instructions or the failure of any person accompanying you under the age of 18 to follow our instructions.

We reserve the right to withdraw any person who, in our opinion, is likely to endanger themselves or others. In addition we also reserve the right to alter, amend or cancel any tour, should weather or any other situation demand.

Under New Zealand law, it is extremely unlikely that you will be able to sue if injured. New Zealand's accident compensation scheme provides limited assistance to visitors who are injured. We strongly recommend that all visitors to New Zealand have full insurance covering any injury or illness they may suffer before undertaking this activity.

To the extent permitted by law, all our liability for damage to your property, disruption to travel plans, or mental injury is excluded. This exclusion is subject to any rights or remedies you may have under the Consumers Guarantees Act 1993.

Are there any medical conditions or physical impairments that the kayaking guides needs to be aware of such as: Epilepsy, Heart conditions, Sight impediment, Hearing impediment, Pregnancy, Injury/illness, Asthma, Other.

Please provide details: \_\_\_\_\_

| Name | Home Address: | Can You Swim<br>YES / NO | Date of Birth | Signature of<br>Participant | Signature of Parent<br>/ Guardian |
|------|---------------|--------------------------|---------------|-----------------------------|-----------------------------------|
|      |               |                          |               |                             |                                   |

**Emergency Contact details: Contingent Leader, Phillip Britt - 0210 289 2959**