

**Declaration of Fitness to Water Ski and Wake Board**

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during the water sports activities:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis, and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation, or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment, and that I have not been diagnosed by a registered doctor has have a terminal illness.

Even if I have a health condition as stated above of which I am aware, by signing this form I still choose to participate in the activity of water skiing / wake boarding and agree to waive all responsibilities to all above mentioned parties concerning any consequences that would result from my actions

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or an injury is sustained of any kind during the course of water ski / wake board activities, I will notify the water ski / wake board instructor immediately and before leaving the premises.

I have read the above Declarations, understand them, and I agree to be bound by them.

_____ Signature of Adult Participant	_____ Name of Adult Participant (please print)	_____ Date
_____ Address of Participant	_____ City, State	_____ Zip Code
_____ Phone Number		

_____ Signature of Parent or Guardian if Participant is Minor, and by their signature, they on my behalf release all claims that they and I both have.	_____ Name of Parent or Guardian (please print)	_____ Date
_____ Name of Minor		
_____ Address of Parent or Guardian	_____ City, State	_____ Zip Code
_____ Phone Number		_____ Date

**MINOR - UNDER THE AGE 18**

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