## **DECLARATION OF FITNESS TO USE THE RENTAL EQUIPMENT**

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 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 as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of activities, I will notify the instructor/guide/employee of the insured immediately and before moving away from the immediate vicinity.

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

Name of Adult Participant (Please Print)	Date
	Contact Number
Name of Parent or Guardian (Please Print)	Date
	Contact Number
	Date

If you cannot sign the above Declaration because of any of the above conditions, you must notify the Instructor/Guide/Employee of the insured immediately before you use the equipment or commence any activities.

Attention of the Authorized Insured Only	(Counter-sign upon full and correct completion)	
S/ Counter-Signature of Authorized Insured	Name of Authorized Insured (Please Print) Date	