

DECLARATION OF FITNESS TO OPERATE PERSONAL WATERCRAFT

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 operation of rental personal watercraft:

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.

Even if I have a health condition as stated above of which I may be unaware, by signing this form I still choose to participate in the activity with the rental property 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 if an injury is sustained of any kind during the course of Personal Watercraft Rental, I will notify the Rental Operation Manager 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 Adult Participant _____ Phone # _____
Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have _____ Name of Parent or Guardian (Please Print) _____ Date _____	Address of Parent or Guardian _____ Phone # _____
Name of Minor (Please Print) _____ Date _____	

If you cannot sign the above declaration because of any of the above conditions, you must notify the Rental Manager immediately before you board any vessel.

Attention of the Manager/Authorized Insured Only (Counter-sign upon full and correct completion)

Counter-Signature of Authorized Insured _____ Name of Authorized Insured (PLEASE PRINT) _____ Date _____	S/ _____ FFPOLDEC - RRPDECOCOFFIT (0604)
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