Turtle Cove Equipment Rental **WAIVER**

BELLOWS AIR FORCE STATION

SPONSOR NAME: _____ GUEST NAME: _____ CABIN : _____

BELLOWS OUTDOOR RECREATION ASSUMPTION OF RISK/LIABILITY WAIVER FOR: OUTDOOR RECREATION EQUIPMENT RENTALS

I, (Print your name)_____ am aware and understand that participating in the Bellows AFS Outdoor Recreation equipment rentals program involves a potential risk of physical injury and I understand that the programs are physically and emotionally demanding and potentially dangerous or hazardous. I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors, including but not limited to: sprains and strains, wind/sunburn, hypothermia, broken bones, chipped teeth, pulled muscles, cuts, bruises, loss or damage to personal property, insect/animal bites and stings, collision with objects, fatality or other injuries/symptoms caused by exposure to cold and/or inclement weather while participating in sports or traveling to and from the activity site. I recognize that all hazards and dangers associated with this activity cannot be foreseen. I have a personal responsibility to learn and follow the safety procedures established by the staff and behave in a reasonable and prudent manner. I will make the staff aware at any point in which I question my knowledge of these procedures or my ability to participate in the activity. Knowing the inherent risks, dangers and rigors involved in and/or any lessons including but not limited to those caused by the terrain, the weather, my athletic and physical condition, and other participants: I certify that I am medically able and have been properly trained to be fully capable of participating in the activity.

I agree and hereby state that I am solely responsible for my own physical and emotional well being. I am aware and understand that all of the program activities are strictly voluntary and it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, abilities, and medical condition.

Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I for myself, and those entitled to act on my behalf, waive and release the Bellows Air Force Base, Det 2, 18th FSS, United States Air Force, the Department of Defense, or any other agency of the U.S. Government, their representatives, successors and assigns, from all claims or liabilities of any kind arising from my participation in this event.

I agree to exercise reasonable care to prevent damage, destruction, or loss of the above item(s). I agree that I have inspected all equipment prior to signing this contract, and if I find this equipment to be in good condition and acceptable to me for its intended use. Fees and charges are due at the time of the rental, additional charges may be added if any equipment is not returned or is damaged. I understand that refunds are NOT GIVEN for early returns.

Mokulua Islands are off limits for all rentals. Boundaries are enforced for all rentals.

_____ _____

PRINTED NAME OF PARTICIPANT/PARENT/GUARDIAN SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN

1 DAY_____ DATE OUT_____ DATE DUE_____

4 DAY_____ DATE OUT_____ DATE DUE_____

7 DAY_____ DATE OUT_____ DATE DUE_____

1 MAN_____ 2 MAN_____ 3 MAN_____ SUP_____ HRS_____ FULL DAY_____

REV. 05212018