

15 KNOTS, INC.

Release of Liability Agreement

In consideration of being allowed to participate in 15 KNOTS, INC. kiteboarding lessons for myself and any minor children for whom I am parent, legal guardian, or otherwise responsible and for my/our heirs, personal representatives or assigns:

1. **ACKNOWLEDGEMENT OF RISKS:** The following are some, but not all, of the risks of participating in the kiteboarding lessons activity: (A) Changing wind, wave action, water flow, tides, currents, and ships' wakes. (B) Collision with any of the following: other participants, the watercraft, other watercraft, and man-made or natural objects. (C) Wind shear, inclement weather, lightning, variances and extremes of wind, weather and temperature. (D) Sense of balance, physical coordination/ability to operate equipment, swim or follow directions. (E) Collisions, capsizing, sinking, or other hazards which results in wetness, injury, exposure to the elements, hypothermia, or drowning. (F) The presence of insects and marine life forms. (G) Equipment failure or operator error. (H) Heat or sun related injuries or illnesses, including sunburn, sunstroke, and dehydration. (I) Fatigue, chill and/or dizziness which may diminish reaction time and increase the risk of an accident.
2. **EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** I agree to assume the responsibility for all the risks of the activity, whether identified above or not (EVEN THOSE RISKS ARISING OUT OF THE NEGLIGENCE OF THE RELEASEES NAMED BELOW). My/our participation is purely voluntary. I assume full responsibility for myself and any of my minor children for which I am responsible, for any bodily injury, accident, illness, paralysis, death, loss of personal property, damage of equipment, and expense thereof as a result of any accident which may occur while I/we participate in this activity (EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE RELEASEES NAMED BELOW).
3. **RELEASE:** I hereby release 15 KNOTS, INC., its principals, directors, officers, agents, employees, and volunteers, their insurers and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted ("owner") and their insurers, if any (collectively named as "releasees") FROM ANY AND ALL LIABILITY OF ANY NATURE FOR ANY AND ALL INJURY OR DAMAGE (INCLUDING DEATH) TO ME OR MY MINOR CHILDREN AND OTHER PERSONS as a result of my/our participation in this activity, EVEN IF CAUSED BY THE NEGLIGENCE OF ANY OF THE RELEASEES NAMED ABOVE, OR ANY OTHER PERSON (INCLUDING MYSELF).
4. I also agree to INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgments, and costs, including attorneys' fees incurred in connection with any action brought as a result of my participation in kiteboarding activities. I will take full responsibility for, and hold harmless Released Parties for any injury that I may suffer or inflict upon others or their property as a result of my engaging in kiteboarding activities.
5. I further represent that I am at least 21 years of age or that as the parent or legal guardian I waive and release any and all legal rights that may accrue to me or to my minor child as the result of any injury that my son or daughter as minors may suffer while engaging in kiteboarding activities.

I HAVE READ THIS ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM WAIVING VALUABLE LEGAL RIGHTS, INCLUDING ANY AND ALL RIGHTS I MAY HAVE AGAINST THE OWNER, OPERATOR NAMED ABOVE, AND THEIR EMPLOYEES, AGENTS, SERVANTS OR ASSIGNS.

Participant's Name (Printed) _____

Parent or Legal Guardian (Printed): _____

Signature: _____

Date: _____

In Emergency Contact: _____

Phone: _____

15 KNOTS, INC.

Registration Form

(Please fill out both sides of this form completely)

Full Name: _____ Date: (m) ____ / (d) ____ / 2010
Phone #: () _____ - _____ Gender: () M () F Weight: _____ (lbs)
Email: _____@_____ Waist Size: () Sm () Md () Lg () XL
Date of Birth: (m) ____ / (d) ____ / (yr) _____ City/Country of Origin: _____
How did you learned about us? () Velauno Shop () 15 Knots Staff (Name?) _____
() Internet Search () Friend () Hotel Concierge () Puerto Rico Tourism Co. () Other _____

Payment Method: _____ **Total Amount (enter amount agreed): \$** _____
() Cash () Check - Payable to 15 Knots () Credit Card # _____ exp. ____ / ____

Tell us about your health condition: (Check any that applies)

Have you suffer or are you under treatment for any of the following conditions?

- | | | | |
|-------------------|------------------|-------------------------|-----------------|
| () Fatigue | () Tachycardia | () Fever | () Other _____ |
| () Asthma | () Nausea | () Heartburn | |
| () Diabetes | () Dizziness | () Cardiac Conditions | |
| () Muscle Cramps | () Incontinence | () Arthritis | |
| () Hypoglycemia | () Headache | () Muscle Spasm | |
| () Sinusitis | () Migraine | () High Blood Pressure | |

Are you under medical treatment? (Please specify): _____

Are you allergic to any drug, substance, plant or animal bite? (Please specify): _____

Are you in recovery from any injury or surgery? (Please specify): _____

Do you have any health condition that requires special conditions or treatment? (Please specify):

Participant's Name (Printed): _____ Signature: _____
Parent or Legal Guardian (Printed): _____ Signature: _____