

10th Annual Kitty Hawk Kites OCEAN GAMES

**AUGUST 8TH • 10AM - 4PM • RACE STARTS AT 8AM
SURF KAYAK COMPETITION STARTS AT 10AM**

Located on the beach behind the Ramada Inn in Nags Head (MP 9.5). It is a whole day of fun in the sun with a 3 mile kayak race, surf kayak competition, sandcastle building contests, and much more. Novice and advanced kayakers welcome. Come out and try all the newest kayaks Kitty Hawk Kites has to offer. 877-FLY-THIS or 252-441-4124.

Kayak Race & Competition - First Place Wins a Taste of Flight Hang Gliding Package

Sandcastle Contest - First Place Wins a Hang Gliding Dune Lesson

1. Name: First _____ Last _____

2. E-mail: _____

3. Mailing Address: Street or P.O. _____

4. City: _____ 5. State: _____ 6.: Zip _____

7. Phone (area code) _____

8. Sex: M F 9. Weight _____ 10. Age: _____

11. Notify in case of emergency? _____ 12. Phone (area code) _____

13: Date of lesson: _____

14. How did you hear about Kitty Hawk Kites? (Circle all that apply?)

a. Brochure - Where? _____ b. Tv c. Radio d. Newspaper

e. Magazine - Which one? _____ f. Internet - Which referral site? _____

15. Is this your first kayak lesson? Yes No

16. May we add you to our Kitty Hawk Kites newsletter list (we DO NOT give out your e-mail or information)? Yes No

17. Did you come to Kitty Hawk Kites for kayaking? Yes No 18. Do you plan to do other kayaky ecotours? Yes No

Comments _____

19. Where are you staying? _____

Please read and sign the declaration of fitness on the next page. Thank you.

DECLARATION OF FITNESS TO OPERATE RENTAL 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 Kayaking.

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 am unaware, by signing this form, I still choose to participate in the activity of Kayaking and agree to waive all responsibilities to all parties mentioned in the Kayaking Release of Liability, Waiver of Claims, Express Assumption of Risk and Indemnity Agreement, which I have already signed, 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 Kayaking activities, I will notify the Guide of the kayak ecotour immediately and before disembarking from the vessel. I have read the above Declarations, understand them, and I agree to be bound by them.

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S/ _____ Signature of Adult Participant	_____ Name of Adult Participant (Please print)	_____ Date
_____ Address of Adult Participant	_____ Phone #	
S/ _____ 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 #	
_____ Email		
_____ Name of Minor (Please print)	_____ Date	

If you cannot sign the above declaration because of any of the above conditions, you must notify the Guide immediately before you leave shore or board the Kayak.
Attention of the Guide/Authorized Insure Only (Counter-Sign upon full and correct completion)

S/ _____ Counter-Signature of Authorized Insured	_____ Name of Authorized Insured (Please Print)	_____ Date
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