



Full Name.....

Full Name.....

Address.....  
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Address.....  
.....

Contact No.....

Contact No.....

Email.....

Email.....

Next of Kin.....

Next of Kin.....

Contact No.....

Contact No.....

Medical Conditions.....  
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Medical Conditions.....  
.....

I declare that I have disclosed any medical problems that might affect the above named during Exe Wake activities. I consent to any emergency medical treatment necessary during the course of any event.

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Relationship / Capacity (If signing on behalf of the named above)

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I understand that the decision to allow the above named to participate in any Exe Wake activity is my sole responsibility. I declare that the above named can swim 25m unaided. I confirm that any participants will not be under the influence of alcohol or drugs and Exe Wake reserve the right to cancel the activity if participants are deemed to be under the influence.

I understand that the decision to allow the above named to participate in any Exe Wake activity is my sole responsibility. I declare that the above named can swim 25m unaided. I confirm that any participants will not be under the influence of alcohol or drugs and Exe Wake reserve the right to cancel the activity if participants are deemed to be under the influence.

At my request to participate in the events of Exe Wake, I agree that I will not for myself or for the above named, hold Exe Wake, liable for any injury or damage or loss suffered while engaged in Exe Wakes activities either on or off Exe Wake premises.

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Signed.....

Signed.....