

UNDERSTANDING THE RISKS – RISK DISCLOSURE FORM - ZORB ROTORUA

I accept that this activity inherently involves risks and potential hazards and should only be attempted by physically fit people who are with ZORB Rotorua Limited rider limits. The risks and hazards include, but are not limited to abrasions, lacerations or other injuries from riding in the ball, aspiration inside the ball, entrapment in the ball, collision inside the ball, ZORBs leaving the track, moving vehicles, weather, spa pools, slips, trips, falls, natural disasters.

I am aware that participating in the downhill ball riding activities offered by ZORB Rotorua Limited can be hazardous if they are not conducted with care, control and responsibility. I acknowledge that these risks could result in my injury (physical or mental) or even death. I am aware that the rides at ZORB Rotorua are not suitable to be ridden by persons with any form of health or medical conditions that could be made worse by the risks associated with acceleration, side to side motion, sliding, jumping.

Medication/health conditions

- I consent to receive any medical treatment that may be deemed necessary by ZORB Rotorua Limited in the event of injury, accident or illness while undertaking the activities.
- I understand it is my responsibility to disclose any conditions (health or otherwise) that may affect the safety and enjoyment of myself and those around me.
- I agree that I am not pregnant, under the age of 5 years or over the weight of 135kg

Conditions of participating in activity

- I agree to ride with care, and obey the rules set out by ZORB Rotorua Limited and instructions given by the ZORB Rotorua crew members (or a representative of ZORB Rotorua Limited), at all times.

PARTICIPANT SIGN-OFF

I agree that by signing this 'Understanding the Risks form' I have read and understood the risks and restrictions listed above.

Name: _____

Signed: _____

Date: _____