



Making a difference...together

**PANORAMA WATERSLIDE
PATRON ASSISTED DOUBLE RIDING QUESTIONNAIRE**

For purposes of this document the Caregiver is referred to as the **Rear rider** and the Patron needing support for assisted double riding will be referred to as the **Front rider**.

I agree to be accompanied by the Caregiver named below on the waterslide Yes No

Print Caregiver's name _____

I agree to wear a lifejacket (lifejacket to be provided by Panorama) Yes No

I agree to wear the designated head protection (helmet to be provided by Panorama) Yes No

The combined weight of both riders is less than 400 lbs (181 kg) Yes No

I agree to follow all directions of the Lifeguards on duty Yes No

I understand both riders must remain seated throughout the ride Yes No

I understand that I will sit between the legs of the Rear rider whose arms will wrap around me Yes No

Emergency Contact Information for Patron:

NAME: _____ PHONE: _____

NAME OF PATRON (print):	AGE:
ADDRESS:	
PHONE NUMBER:	
SIGNATURE:	DATE:

**IF ALL ANSWERS ARE YES
PLEASE PROCEED TO THE OTHER SIDE OF THIS DOCUMENT**

RELEASE OF LIABILITY AND WAIVER OF CLAIMS

**PLEASE READ CAREFULLY!
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING
THE RIGHT TO SUE**

AWARENESS OF RISK

I, _____, am aware of the increase in the risk of injury associated with participating in **Assisted Double Riding** on the Panorama Waterslide including but not limited to the risk of serious physical injury and even death.

I have completed the Panorama Waterslide Patron Assisted Double Riding Questionnaire and qualified (See reverse).

By choosing to take part in this activity, I am accepting the risk that I may be injured. I understand that the Capital Regional District does not provide me with any disability, accident, liability or medical insurance or compensation of any kind in respect of my participation in this activity.

WAIVER AND RELEASE

Having knowledge of these risks, and in consideration of being allowed to participate in Assisted Double Riding on the Panorama Waterslide, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf covenant not to sue, and hereby agree to save forever harmless and keep indemnified the Capital Regional District and its directors, officers, employees, volunteers, officials, agents and representatives from and against any and all claims, actions, costs, expenses and demands in respect of injury, death, loss or damage to the person or property of myself or any other person, however caused, arising out of or related in any way to my participation in Assisted Double Riding and use of the Panorama Waterslide, including but not limited to injury, death, loss or damage caused by:

- Negligence;
- Breach of any statutory or other duty of care including any duty of care owed under the *Occupiers Liability Act*; and
- Failure to warn or to safeguard or protect me from the risks, dangers and hazards of Assisted Double Riding and use of the Panorama Waterslide.

I declare that I have read, understood and agree to the contents of this RELEASE OF LIABILITY AND WAIVER OF CLAIMS in its entirety.

PATRON NAME (print)

PATRON SIGNATURE

DATE

Freedom of Information and Protection of Privacy

Personal information contained on this form is collected under the authority of the Local Government Act and is subject to the Freedom of Information and Protection of Privacy Act. The personal information will be used for purposes associated with the Panorama's Waterslide.

Enquiries about the collection or use of information in this form can be directed to the Freedom of Information and Protection of Privacy Contact: Capital Regional District, Senior Coordinator, FOIPPA (250) 360-3000.