

**Virginia Power Kites Declaration of Fitness for Kitesurfing, Power Kiting, and Related Water Sports
Form**

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 power kiting, kiteboarding, or any other water sport or activity:

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 other 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.

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 kiteboarding or any other power kite activity or related water sport, I will notify the instructor immediately.

I have read the above Declarations, understand them, and I agree to be bound by them.

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) _____

Phone # _____

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: _____

VIRGINIA POWER KITES DECLARATION OF FITNESS (CONT.)

Address of Parent or Guardian (Please
print) _____

Date: _____

Address of Parent or Guardian _____

Phone # _____

Name of Minor (Please print) _____

Date: _____