

SUP REGISTRATION FORM

Personal Information

Name: _____ Date of Birth: _____

Emergency Contact Person: _____ Emergency Contact Phone Number: _____

How Did You Hear About Us?

- **How did you learn about Heart Ocean Diving Center?**

- Friends/Family
- Social Media (Facebook, Instagram, etc.)
- Website/Search Engine
- Dive Shop/Instructor Recommendation
- Other: _____
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1. Health Declaration

1.1 The participant declares that they have consulted a doctor or medical professional and have confirmed that they are fit to participate in SUP activities, with no severe health issues.

1.2 The participant declares that they have informed the organizer of any potential health conditions, allergies, prescribed medications, or other medical situations and agree to assume all related risks.

1.3 The participant understands that SUP activities may involve potential physical injury risks, including but not limited to falling, drowning, collisions, or other hazardous situations.

2. Liability Waiver

I, _____, fully understand and agree to participate in the SUP exploration activity provided by **Heart Ocean Diving Center**.

2.1 The participant acknowledges and voluntarily assumes the risks associated with participating in SUP activities and agrees to release the on-site instructors from any losses, injuries, claims, or liabilities resulting from participation in SUP activities.

2.2 The participant agrees to indemnify the organizer (**Heart Ocean Diving Center**) against any claims or losses arising from their actions or misconduct during the SUP activity, including but not limited to damages caused by negligence, carelessness, or violation of safety instructions.

2.3 The participant agrees to provide medical proof, if necessary, to confirm their fitness for participating in SUP activities.

3. Emergency Contact Information

3.1 The participant agrees to provide accurate and up-to-date emergency contact information to the organizer for use in case of emergencies.

4. Additional Terms

4.1 No terms in this liability waiver shall be considered to limit, exclude, or modify any mandatory provisions under local laws.

4.2 The participant confirms that they have thoroughly read and understood all terms of this liability waiver and voluntarily agree to comply with them.

4.3 **Activity Agreement:** I or my group have read the details of this event and agree to the arrangements made by **Heart Ocean Diving Center**. I confirm that I or my group members are physically and mentally healthy and voluntarily participate in this activity. In case of any accident during the activity, I am willing to bear full responsibility. I or my group also agree that any photos or videos taken during the activity may be used by the organizer for promotional purposes without compensation. (If you have any concerns, please inform us in advance.)

Participant's Signature: _____

Date (DD/MM/YYYY): _____

Parent or Guardian's Name: _____

Date (DD/MM/YYYY): _____