

# FANIFO LOFA LTD

## RELEASE AND VOLUNTARY ASSUMPTION OF RISK

I, \_\_\_\_\_ of

(PRINT FULL NAME)

(Releasor)

(PRINT RESIDENTIAL ADDRESS)

1. ACKNOWLEDGE that:

- a) The licensed recreational and tourism activities offered, conducted and operated by Fanifo Lofa ltd, trading as Fanifo Lofa, include snorkelling with whales, dolphins and whaleshark tours, snorkelling with manta rays tours, snorkelling tours involving marine megafauna interaction, free diving tours, kitesurfing, wingfoiling, wake towing and island exploration tours.
- b) the activities are affected by and subject to factors beyond the control of Fanifo Lofa including without limit weather conditions and the behaviour of marine life;
- c) some of the activities involve inherent risks of injury, illness or death to a participant including without limit those arising out of or incidental to physical exertion for which a participant may not either have the capacity or be prepared; and
- d) my participation in any of the activities is subject to the supervision and direction of the servants and agents of Whale Discoveries and that I will promptly comply with all instructions and directions given by such servants or agents.

2. **IN CONSIDERATION** of and in part, payment for the right to participate in the activities or any of them:

- a) **HEREBY VOLUNTARILY ASSUME ALL RISKS** relating or incidental to my participation in any of the activities and on behalf of myself, my personal representatives, relatives and dependants.
  - b) **RELEASE** Fanifo Lofa, its servants, agents and associates (which term includes all persons and authorities who own, occupy or manage land or sea upon which the activities take place) from all present or future claims of whatever arising out of or incidental to my participation in any of the activities or any factors beyond the control of Fanifo Lofa so far as the law permits and
  - c) **AGREE TO INDEMNIFY AND KEEP INDEMNIFIED** Fanifo Lofa, its servants, agents and associates against all present or future claims of whatever nature arising out of or incidental to my participation in any of the activities or any factors beyond the control of Fanifo Lofa.
- α) **3 FURTHER AGREE** that if I suffer injury or illness as a result of or incidental to my participation in any of the activities Whale Discoveries may:
- β) at my cost arrange medical treatment and emergency evacuation services, and
  - χ) administer emergency first aid, as Fanifo Lofa considers necessary for my safety and well being.

4. **DECLARE** that:

- a) I am over the age of 18 years.
- b) To the best of my knowledge I do not have any physical or mental incapacity which could increase the likelihood of physical injury, incapacity or death to myself or others arising out of or incidental to my participation in any of the activities.
- c) I have read and understood this release and voluntary assumption of risk and
- d) The information provided by me is true and correct.

SIGNED:- \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESSED:- \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENTAL OR GAURDIAN CONSENT (If participant is under the age of 18).**

and i, the minor's parent and/or legal guardian, have read the above document and understand the nature of the selected activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activities

\_\_\_\_\_ Signature of Parent or Guardian      Date \_\_\_\_\_

**FANIFO LOFA LTD**  
**ADDITIONAL CHECK LIST FOR FANIFO LOFA GUESTS**

I, \_\_\_\_\_  
(PRINT FULL NAME)( \_\_\_\_\_ DATES YOU ARE STAYING WITH US)

**MARINE ACTIVITIES**

**WHALE SWIMMING/SNORKEL/KITESURFING/OTHER**

Please circle YES OR NO

- d) I understand that whale swimming/snorkeling is an open ocean activity. I can confirm I am physically able to participate in this activity **YES or NO**
- e) To the best of my knowledge I can confirm I am physically fit enough to get on an off a boat using a ladder without assistance **YES or NO**
- f) To the best of my knowledge I can confirm I can swim 200m minimum without assistance? YES or NO
- g) I suffer from sea sickness? **YES or NO**
- h) To the best of my knowledge I am able to kite upwind unassisted? **YES or NO** *(IF YOU ARE NOT KITESURFING PLEASE IGNORE THIS QUESTION)*
- i) I have been snorkeling in open ocean before? **YES or NO** If you get sea sick please bring any medications you might need.

If you have answered NO to any question above this does not mean you are unable to participate in whale swimming/snorkeling/kitesurfing it just means we need to chat further about your fitness level and how we can accommodate you.

Please provide any additional information you think is relevant regarding your physical ability and participating in marine activities.

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**GENERAL HEALTH**

- j) Do you have any allergies or illnesses? YES or NO

If you answered YES please outline the allergy/illness/severity and if you will have medication with you

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**DIETARY REQUIREMENTS**

We offer vegetarian or meat options daily included in your package. We need to know if you are a vegetarian in advance.

k) Are you a vegetarian? YES or NO By answering YES you would like vegetarian meals daily during your stay.

l) Do you have any extra dietary requirements? YES or NO If you answered YES please outline what your dietary requirement is below. If you need special meals made you will need to check with us to see if its possible and there may be an extra charge incurred.

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### **INSURANCE DETAILS**

We would like your travel insurance details in case we need to contact them for any reason

Name of Provider - \_\_\_\_\_

Contact Details of Provider \_\_\_\_\_

Policy Number \_\_\_\_\_

### **EMERGENCY CONTACT**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

SIGNATURE OF GUEST STAYING WITH FANIFO LOFA

SIGNED:- \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME:- \_\_\_\_\_