

Sundance Balloons

First Name: _____ Int.: _____ Last Name: _____

Address: _____ City: _____ Prov.: _____ Postal Code: _____

Home Phone No.: _____ Work/Cell: _____

Date of Birth: _____ Weight: _____ EMAIL: _____

Ride Location: _____ Date of Ride: _____

WAIVER AND LIABILITY EXCLUSION AGREEMENT RELEASE

In consideration of Sundance Balloons and its affiliated advertisers and sponsors issuing to me a pass valid for a hot air balloon ride, I, the undersigned, for myself and my heirs, executors, administrators and assigns, hereby release Sundance Balloons and its affiliated advertisers and sponsors, and their directors, officers, agents and employees, from all claims, demands, damages, actions and causes of action for or by reason of my death or injury to my person or damage to my property that I may sustain or incur while participating in the hot air balloon ride, even if such death, injury or damage results in whole or in part from the negligence of Sundance Balloons, its directors, officers, agents or employees. I also agree not to make claim or take any proceedings against any person who might claim contribution or indemnity against Sundance Balloons or its affiliated advertisers and sponsors or their respective directors, officers, agents, and employees.

I declare that I am in proper physical condition to participate in the hot air balloon ride and aware that participation in the ride involves risk of, and could, in some circumstances, result in, injury, damage or death.

COVID-19 ADDENDUM

By signing below, I affirm that, within the last 14 days, I have not had any of the symptoms listed below.

If you are signing on behalf of a minor passenger, you affirm that the minor passenger has not had any of the symptoms listed below:

<ul style="list-style-type: none">• a temperature of over 38 degrees Celsius	<ul style="list-style-type: none">• a fever or headache
<ul style="list-style-type: none">• a sore throat	<ul style="list-style-type: none">• close contact with anyone with a fever
<ul style="list-style-type: none">• a cough	<ul style="list-style-type: none">• new loss of taste or smell
<ul style="list-style-type: none">• chills or shaking with chills	<ul style="list-style-type: none">• unusual or unexplained body aches
<ul style="list-style-type: none">• unusual or unexplained shortness of breath or difficulty breathing	<ul style="list-style-type: none">• I have not been out of the country (including USA) within the past 14 days

I acknowledge by signing below that I have had sufficient time to review and consider this agreement and its terms.

Signature: _____ Date: _____

(If under the age of 18, this document MUST be signed by parent or guardian.)

Signature of Parent or Guardian: _____ Date: _____

(If applicable)

INDEMNITY

In consideration of Sundance Balloons and its affiliated advertisers and sponsors issuing to me a pass for a hot air balloon ride, I, the undersigned, agree to indemnify and save harmless Sundance Balloons and its affiliated advertisers and sponsors and their respective directors, officers, agents and employees from and against all losses, costs and expenses, including legal expenses, that they or any of them may pay, sustain or incur for or by reason of my death or injury to my person or damage to my property that I may sustain or incur while participating in the hot air balloon ride.

Signature: _____ Date: _____

(If under the age of 18, this document MUST be signed by parent or guardian.)

Signature of parent or guardian: _____ Date: _____

(If applicable)