

# WAIVER FORM

**ACTIVITY**

- Bungy Jump
- Canyon Swing

- Canyoning Interlaken
- Canyoning Grimsel
- Canyoning Chli Schliere

- Family Rafting
- Rafting Simme
- Rafting Lüttschine
- Aare Float

## DATE

- Ropes Park Interlaken
- Indoor Ropes Park

## TRIP TIME

- Raclette Rafting
- Chocolat Fondue Float
- E-Bike Tour

- Snowshoe Tour Isenfluh
- Snowshoe Tour Wetterhorn
- Night Sledding
- Day Sledding



### 1. Consent to participate in risk-related activity

I hereby declare that I am in **good health** and, in particular, not affected by any of the following health conditions which exclude me from participating: eye surgery / hypertension / chronic diseases of the ear with balance disorders / heart problems / epilepsy / increased cardiovascular risk / neurological problems / whiplash / pregnancy. I meet the requirements to participate in the activity; in particular, there are no obstacles related to my person or health.

Furthermore, I declare that I am of age (min. 18 years old) or have written parental consent and am fully capable of judgement. I declare that I am not under the influence of any **drugs, alcohol, psychotropic drugs or other medicines** which may impair my judgement and assessment. I am aware that the activity may affect my health and that I may withdraw from it at any time. Furthermore, I pledge that I will act according to the instructions of Outdoor Interlaken AG (hereinafter the Organizer), which reserves the right to cancel the activity/tour at any time.

I **waive all rights of action** or recourse with regard to any damage or accidents suffered in connection with the event, in particular contractual and tort claims against the organizer, unless the accident or damage is due to intent or gross negligence on the part of the organizer. The organizer hereby accepts this waiver. The organizer rejects any liability for damage to any carried objects such as cameras, mobile phones, glasses, sunglasses, etc.

I am aware that I am not insured by the organizer.

**I am aware that I am not covered for medical or accident insurance through the organizer.**

**The general terms and conditions and data protection declarations of Outdoor Switzerland AG and Outdoor Interlaken AG apply. Swiss law, excluding international agreement, is exclusively applicable for the contractual relationship. The parties agree that the exclusive legal domicile is Interlaken.**

Should any of these provisions be invalid, this shall not result in the invalidity of the entire agreement, unless it can be assumed that it would not have been concluded at all without the invalid part.

**With my signature, I confirm that I have understood and accept the above points.**

	FIRST NAME	FAMILY NAME	DATE OF BIRTH (D/M/Y)	SIGNATURE	EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE
PARTICIPANT			-- / -- / ----			

	FIRST NAME	FAMILY NAME	PHONE NUMBER	SIGNATURE
LEGAL GUARDIAN				