



TERMS AND CONDITIONS

Signing this document will affect your legal rights and obligations.

Effective Date: 13/08/2007

1. RISKS OF RIDE AND EXCLUSION OF LIABILITY

- 1.1 Thundarraft provide a high-speed thrill ride on the open ocean (the 'Ride'). Passengers **must** be physically fit to undertake the Ride. The Ride requires sufficient physical strength and fitness to endure unpredictable, sudden and rapid movement. The severity and unpredictability of the motion experienced on the Ride will depend upon sea conditions on the day of the Ride. You warrant that you are physically fit and strong enough for the Ride.
- 1.2 You **must** be in good health and you **must not** have any pre-existing medical condition. You **must** complete the checklist on the reverse of this form. If you have any of the conditions listed, you may not be able to go on the Ride and your fare will be refunded.
- 1.3 You acknowledge and agree that you participate in the Ride **at your own risk** and acknowledge and agree that Thundarraft will not be liable for any injury, physical or mental harm or any other loss of any nature whatsoever which you may suffer or have inflicted upon you arising from or in any way connected with the Ride.
- 1.4 You acknowledge and agree that you carry property on the Ride (such as cameras, jewellery, videos, sunglasses, clothing, watches) **at your own risk** and you acknowledge and agree that Thundarraft will not be liable for any loss or damage to property arising from or in any way connected with the Ride. Storage is available at the Thundarraft office; however this is completely at the Passenger's own Risk.
- 1.5 These conditions are subject to any compulsory applicable legislation, including the *Trade Practices Act 1974*

2. BRIEFING AND INSTRUCTIONS

- 2.1 You **must** pay attention to the briefing conducted by Thundarraft staff prior to boarding. You **must** comply with all instructions given to you by Thundarraft Staff during the briefing and the Ride.
- 2.2 You acknowledge and agree that you have been informed of the risks and dangers inherent in the Ride at the briefing conducted by Thundarraft Staff. You acknowledge and agree that you fully appreciate and understand the risks and dangers explained to you, and that you voluntarily accept responsibility for those risks.
- 2.3 You acknowledge and agree that you have been informed at the briefing conducted by Thundarraft Staff how to conduct yourself during the Ride so as to minimize the inherent risks that you may encounter during the Ride.
- 2.4 Thundarraft Staff may, at its sole discretion, refuse to allow you to board for any reason, including but not limited to reasons connected with your safety, your physical condition, your misbehaviour, alcohol or narcotic intoxication, or your failure to comply with an instruction given by a representative of Thundarraft.

3. REFUNDS

- 3.1 All tickets purchased are non-refundable, save for a health related refund as per clause 1.2.
- 3.2 Thundarraft, at its sole discretion, reserves the right to cancel the Ride for any reason at any time. No employee, servant or agent of Thundarraft has authority to modify or alter any of these conditions.

4. INDEMNITY

- 4.1 You hereby agree to indemnify and hold harmless Thundarraft against any claim, damage, liability, loss, delay or expense which may be suffered or incurred by you arising from, connected with or in relation to the Ride, whether directly or indirectly, including any negligent act or omission of any director, employee, servant or agent of Thundarraft.

By signing this document I acknowledge and agree that I have read, understood and agreed to the above conditions. I fully appreciate and acknowledge that the Ride is inherently risky and I voluntarily accept responsibility for all risks associated with the Ride. I warrant that I am in good health and do not have any pre-existing health condition. I have completed and signed the health checklist on the reverse of this form.

Passenger's name: _____ (Print Name)

Passenger's signature: _____ Date: _____

Passenger's address: _____

Passenger's phone: _____

Guardian signature: _____
(If applicable)

PLEASE TURN OVER & COMPLETE MEDICAL QUESTIONS

HEALTH CHECKLIST – CLAUSE 1.2

Please complete the following checklist. If you tick 'Yes' on any item you **must** tell a representative of Thundaraft when you hand over this form.

Description

- | | | | | | |
|-----|--|--------------------------|-----|--------------------------|----|
| 1. | Do you have any heart related condition? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. | Do you have asthma? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. | Do you have any spine related problem (back or neck)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. | Do you have any knee or joint related problem? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. | Do you have epilepsy? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. | Do you have high blood pressure? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. | Are you or do you think you might be pregnant? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. | Are you taking any medication? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. | Do you have any physical disability or limitation?
Please explain: _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10. | Do you have any other pre-existing medical or health condition?
Please explain: _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

B E F O R E	I warrant that this checklist is accurate and complete, and that I am otherwise in good health.		B E F O R E
	Passenger: _____	_____	
	NAME	SIGNATURE	
Date: _____			

A F T E R	I warrant that I have completed this ride in the same condition that I boarded it, as per the above checklist. <i>(If this is not the case, please immediately inform Thundaraft staff.)</i>		A F T E R
	Passenger: _____	_____	
	NAME	SIGNATURE	
Date: _____			

