

Guest Registration and Waiver Form

A waiver must be filled out by ALL guests visiting KALINAWAN Resort.

Please print clearly.

First Name: _____ Middle: _____ Last: _____
Address: _____
Home Phone #: _____ Cell #: _____ Office #: _____
Person to Contact in Case of Emergency: _____
Relationship: _____ Contact#: _____

RELEASE AND ASSUMPTION OF RISK

THE UNDERSIGNED ACKNOWLEDGES THAT I AM VOLUNTARILY VISITING KALINAWAN RESORT, LOCATED AT PUROK 5, BARANGAY AUNDANAO, SAMAL, DAVAO DEL NORTE.

ASSUMPTION OF RISK: I AM AWARE THAT RECREATION AND SPORTING ACTIVITIES MAY BE DANGEROUS OR HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED; I HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY OR DEATH OR DAMAGE TO PERSONAL PROPERTY.

In consideration for entering into a contract with the Owner, I hereby agree that I voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to myself arising as a result engaging in the recreation activities or any activities incidental thereto, wherever or however the same may occur and for whatever period such activities may continue, and I do for myself, my assignees, heirs, guardians, and legal representatives, hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for myself and for my estate, and agree that under no circumstances will I or my assignees, heirs, guardians, and legal representatives prosecute, present any claim for personal injury, property damage or wrongful death against owner or any of its officers, agents, servants or employees for any of such persons or otherwise. **IT IS MY INTENTION BY THIS AGREEMENT TO RELIEVE THE OWNER AND ITS AGENTS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.**

I have carefully read and fully understand all of the KALINAWAN RESORT rules and regulations.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR FUTURE CLAIMS AND IS A CONTRACT BETWEEN MYSELF AND SIGNS IT ON MY OWN FREE WILL.

Full Name (print legibly)

Signature

Parent or Guardian's Name & Signature

Date

If under 18 years of age this document needs to be read and signed by parent or guardian of minor.

KALINAWAN RESORT
Managed and Operated by SEAL, Inc.