

PLEASE CONFIRM THE NAMES OF ALL PASSENGERS RIDING ON A JET BIKE OR JET RIB ONLY DURING YOUR SESSION.

YOU ARE SIGNING AS PARENT OR GUARDIAN FOR THE FOLLOWING PASSENGERS AND HAVE ADVISED LAGOONA PARK OF ANY MEDICAL CONDITION PRIOR TO THEM TAKING TO THE WATER.

- 1. NAME (Printed):Age:
- 2. NAME (Printed):Age:
- 3. NAME (Printed):Age:
- 4. NAME (Printed):Age:
- 5. NAME (Printed):Age:
- 6. NAME (Printed):Age:
- 7. NAME (Printed):Age:
- 8. NAME (Printed):Age:
- 9. NAME (Printed):Age:
- 10. NAME (Printed):Age:
- 11. NAME (Printed):Age:
- 12. NAME (Printed):Age:

MEDICAL CONDITION: Please highlight below Number (1-12 above) + Medical Condition

- NUMBER: CONDITION:
- NUMBER: CONDITION:
- NUMBER: CONDITION:
- NUMBER: CONDITION:

NAME: (Parent/Guardian)

SIGNED:

DATED: