

APPLICATION FORM

Our events are open only to individuals with legal capacity. Delta Survival School reserves the right to refuse your registration for any reason. By signature on application document you register as a participant, accept the terms and conditions and release of liability described below.

This registration form has to be fully completed and sent 6 days before the start of the course.

Please carefully read terms and condition before signature. This form contains 6 pages.

Name of the course : _____ Date of the course : ____/____/____

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Date of birth: ____/____/____ Profession: _____

Email: _____ Telephone: _____

Address : _____

In case of emergency please write the contact of any member of your family

Wife / Husband Father / Mother Sister / Brother Son / Daughter Other

First Name: _____ Last Name: _____

Tel : _____

Please NOTE: You will receive a confirmation with payment details (if applicable) upon receipt.

TERMS AND CONDITIONS

1. APPLICATION

Application for registration shall be made by means of the provided registration form. The contract will be in effect upon confirmation of acceptance by Delta Survival School.

Delta Survival School reserves the right to refuse registrations by anybody, and for any reason.

2 . PAYMENT

The full amount in accordance with the cancellation policy (see para 4) or a down payment must accompany the registration form to receive consideration. This down payment is non refundable. The balance of the event cost is due, and must arrive at the Delta Survival School, no later than the published registration deadline. Time is of the essence. Non-payment of the balance of the event cost in a timely manner shall be regarded as a cancellation by the participant.

3 . COST INCREASES

Price increases beyond the control of Delta Survival School, such as, but not limited to, instructor voyage surcharges, taxes, and fees which arise after the registration of a participant, will give the right to the participant, upon notification of the price increase, to cancel his or her participation without penalty.

4 . CANCELLATION OF REGISTRATION

Cancellations by the participant shall be made in writing. The date of cancellation shall be the date on which such written notice is received at the office of Delta Survival School. The following cancellation charges will apply:

- Up to 66 days prior to the date of operation start, full refund;
- 65 to 46 days prior to the date of operation start, 25% of the cost;
- 45 to 31 days prior to the date of operation start, 50% of the cost;
- 30 to 16 days prior to the date of operation start, 75% of the cost;
- 15 days or less, prior to the date of operation start, 100% of the cost.

5. CODE OF CONDUCT

Participants commit to comply with the Code of Conduct of Delta Survival School and any other Delta Survival School regulations regarding conduct, behaviour and integrity during their participation in the course. The instructors of Delta Survival School has the right to dismiss any participant from the Course, at any time, for failing to abide by such standards.

6. VISAS & VACCINATIONS

Each participant is required to comply with the regulations, the police and customs formalities, and health requirements of the countries visited (identity card, permit, visa, vaccines, etc.)

Some countries may require visas or vaccinations to enter. Procurement of such visas and/or vaccinations will be the sole responsibility of the individual participant.

7 . MEDICAL INSURANCE

All participants shall contract their own medical and accident insurance. Procurement of such insurance shall be the sole responsibility of the participant. Host country organizers may require proof of insurance, and may exclude any participant from training activities on that reason. Delta Survival School does not provides group insurance, nor is such insurance included in the event package.

8 . PARTICIPANT STATUS

Participants are taking part in the events in a civilian, non-military, status (unless detailed by their parent units or on official tdy orders) and are subject to all the laws and regulations of the countries visited.

By signing this form I accept Delta Survival School Terms and conditions.

Signature:

Name: _____

Date: ____ / ____ / _____

If participant is a minor, signature of parent or responsible adult is required below:

In consideration of the minor child being permitted to participate in the Activity, I accept and agree to the full contents of this agreement. I certify that I have the authority to sign on behalf of the minor child and to make decisions for the minor child regarding this Activity.

Parent/Responsible Adult Signature:

Name:

Relationship with participant:

Date:

RELEASE OF LIABILITY

ACTIVITY AND ASSOCIATED RISKS:

I, _____ (name and surname), with Id/Passport number _____,

have chosen to participate in the _____ (name of course/activity) (hereinafter referred to as “the Activity”), which is organized by Delta Survival School (hereinafter referred to as “DSS”).

I understand that:

- * The Activity requires physical exertion that may be strenuous at times.
- * That it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program.
- * The Activity is inherently hazardous, and I may be exposed to dangers and hazards, including some of the following (depending on the nature of the Activity): falls, falling rocks, fractures, concussions, dangerous weather, extreme heat, extreme cold, overexertion, overheating, injuries from my lack of fitness or conditioning, unpredictable ocean and river currents, hypothermia, avalanches, hostile or aggressive wildlife, drowning, death, equipment failures, and negligence of others;
- * As a consequence of these risks, I may be seriously hurt or disabled or may die from the resulting injuries, and my property may also be damaged;
- * Hospital facilities, qualified medical care, and emergency medical evacuation may be limited or unavailable during portions of the Activity; and
- * DSS assumes no responsibility for providing medical care during the Activity, and I will have to pay for any medical care and/or evacuation that I incur.

I represent and warrant that I have no medical condition that would prevent my participation in the program.

In consideration of the permission to participate in the Activity, I agree to the terms contained in this document.

ASSUMPTION OF THE RISKS:

I hereby freely assume the above-mentioned risks as well as other risks not listed that are part of this activity, and any harm, injury or loss that may occur to me or my property as a result of my participation in the Activity or during any transportation to or from the Activity—including any injury or loss caused by the negligence of DSS, its employees, agents and officers, its contractors, and other Activity participants. I also understand that any equipment that I provide or may borrow or rent from DSS or any other provider I use at my own risk and that any such equipment is provided without any warranty about its condition or suitability.

RELEASE OF LIABILITY:

I hereby RELEASE DSS, its employees, agents, officers, and contractors, the providers of any equipment used in the Activity, facilities and land owners, municipal or governmental providers of use permits, and their respective employees, officers, and directors (Hereinafter referred as the Released Parties) FROM ALL LIABILITIES, CAUSES OF ACTION, CLAIMS AND DEMANDS that arise in any way from any injury, death, loss or harm that occur to me or to any other person or to any property during the Activity or in any way related to the Activity, including during transportation to or from the Activity.

This RELEASE includes claims for the negligence of the Released Parties and claims for strict liability for abnormally dangerous activities.

I also agree NOT TO SUE or make a claim against the Released Parties for death, injuries, loss or harm that occur during the Activity or are related in any way to the Activity.

INDEMNIFICATION HOLD HARMLESS AND DEFENSE:

I promise to INDEMNIFY, HOLD HARMLESS AND DEFEND the Released Parties against any and all claims to which Section 3 of this agreement applies, including claims for their own negligence. I also promise to INDEMNIFY, HOLD HARMLESS AND DEFEND the Released Parties against any and all claims for my own negligence, and any other claim arising from my conduct during the Activity. In accordance with these promises, I will reimburse the Released Parties for any damages, reasonable settlements and defense costs, including attorney's fees, that they incur because of any such claims made against them. I agree that in the event of my death or disability, the terms of this agreement, including the indemnification obligation in this Section, will be binding on my will, and my personal representative, executor, administrator or guardian will be obligated to respect and enforce them.

AGREEMENT TO FOLLOW DIRECTIONS:

I agree to follow the rules for the Activity provided to me and to follow directions given to me by the instructors and leaders of the Activity.

INDEPENDENT CONTRACTORS:

I acknowledge that DSS has no control over and assumes no responsibility for the actions of any independent contractors providing any services for the Activity.

USE OF IMAGE:

I understand that during the Activity I may be photographed or recorded. To the fullest extent allowed by law, I waive all rights of publicity or privacy or pre-approval that I have for any such likeness of me or use of my name in connection with such likeness, and I grant to DSS and its assigns permission to copyright, use, and publish (including by electronic means) such likeness of me, whether in whole or part, in any form, without restrictions, and for any purpose.

RGPD

The information you provide is necessary for your participation at the activity (registration). They are subject to computer processing and are intended for DSS. In accordance with the regulation no 2016/679 of May 24, 2016 relating to data processing, files and liberties, you have a right of access and rectification of personal data concerning you. If you want to exercise this right and get disclosure of information about you, please address to: DSS contact details

SEVERABILITY:

I agree that the purpose of this agreement is that it shall be an enforceable **RELEASE OF LIABILITY AND INDEMNITY** as broad and inclusive as is permitted by law. I agree that if any portion or provision of this agreement is found to be invalid or unenforceable, then the remainder will continue in full force and effect. I also agree that any invalid provision will be modified or partially enforced to the maximum extent permitted by law to carry out the purpose of the agreement.

APPLICABLE LAW:

This agreement is governed by and shall be construed in accordance with the laws of the EU, and the National laws as applicable.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AGREEMENT BY READING IT BEFORE SIGNING IT.

NO ORAL REPRESENTATIONS, STATEMENTS, OR OTHER INDUCEMENTS TO SIGN THIS RELEASE HAVE BEEN MADE APART FROM WHAT IS CONTAINED IN THIS DOCUMENT. I UNDERSTAND THIS IS A CONTRACT THAT AFFECTS MY LEGAL RIGHTS AND I SIGN IT OF MY OWN FREE WILL.

Signature of Customer:

Date:

Name:

Date of birth:

If participant is a minor, signature of parent or responsible adult is required below:

In consideration of the minor child being permitted to participate in the Activity, I accept and agree to the full contents of this agreement. I certify that I have the authority to sign on behalf of the minor child and to make decisions for the minor child regarding this Activity. I also agree to **RELEASE, HOLD HARMLESS, INDEMNIFY AND DEFEND** the Released Parties (defined in Section 3) from all liabilities and claims that arise in any way from any injury, death, loss or harm that occurs to the minor child during the Activity or in any way related to the Activity. This includes any claim of the minor and any claim arising from the negligence of the Released Parties.

Parent/Responsible Adult Signature:

Name:

Relationship with participant:

Date: