



## ACTIVITY CONTRACT

### GATHER TOGETHER:

On one hand \_\_\_\_\_ on behalf of the company AIGUAROCA-Adventure Sports (NIE: X6048679R) and other CUSTOMER:

NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

ID card: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Tutor of : \_\_\_\_\_ with Date of Birth: \_\_\_\_\_

Tutor of : \_\_\_\_\_ with Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOCALITY: \_\_\_\_\_ ZIP code: \_\_\_\_\_

PHONE NR: \_\_\_\_\_ E.MAIL: \_\_\_\_\_

*\* During the course of the activity contracted may be performed photographs by our instructors. These photographs may be used on our website [www.aiguaroca.com](http://www.aiguaroca.com) and promotional purposes in brochures and catalogs. YES  NO*

**DATA PROTECTION:** *The personal information will be included in a file owned and responsibility of AIGUAROCA in order to perform customer management and data processing for promotional purposes. The rights of opposition, access, rectification and cancellation Law grants can be exercised by sending an email to: [info@aiguaroca.com](mailto:info@aiguaroca.com)*

### AGREE:

To guide the activity, to provide special equipment for performing the same, and to ensure the client from any accidents. The company provides insurance and Accident Liability and complaints book available to the client.

### ACTIVITY:

- |  |   |
|--|---|
| <input type="checkbox"/> RAFTING           | <input type="checkbox"/> MULTIADVENTURE     |
| <input type="checkbox"/> CALM WATERS KAYAK | <input type="checkbox"/> WHITE WATERS KAYAK |
| <input type="checkbox"/> AQUATIC GULLY     | <input type="checkbox"/> ZIP LINE           |
| <input type="checkbox"/> PAINTBALL         | <input type="checkbox"/> CANOA-RAFT         |
| <input type="checkbox"/> DRY GULLY         | OTHER: _____                                |
| <input type="checkbox"/> TREKKING          |   |

**THE CUSTOMER:**

*Declare not having any asthmatic disease, heart, nervous, epileptic-type or severe joint disease, not pregnant, or find me under the influence of stimulants, narcotics or other drugs, or in any case I provide a medical certificate, indicating my validity to make this activity.*

*I also declare that I can swim, an essential requisite for water activities.*

*I accept the conditions outlined on the activity that I perform, and follow the instructions which monitors will show me all the time, exempting them from all responsibility for the consequences that may arise if I ignore them, to respect environmental standards, taking care of the material and respect the rest of the group. Is mandatory written parental or tutor permission for children participating in these activities.*

**CUSTOMER SIGNATURE:**

**COMPANY SIGNATURE:**

Date: \_\_\_\_\_

**TOTAL AMOUNT:** \_\_\_\_\_ €

