



HECTOR'S WATERSPORTS, INC.
7637 Carlyle Avenue, Miami Beach, FL 33141

WAVERUNNER RENTAL CONTRACT

Responsible Participant's Name _____ Age _____

Email address _____

Home Address _____ City _____ State ____ Zip _____

Local Address _____ City _____ State ____ Zip _____

The flipping over, or tipping over, of watercraft causes expensive damage. Hector's Watersports, Inc., enforces a FLIPPING OVER FEE of \$100.00, to any participant who flips over, or tips over, a watercraft. Signing initials here acknowledges agreement to authorize Hector's Watersports, Inc., to charge the \$100.00 FLIPPING OVER FEE to the responsible participant's credit card.

Initials _____

I HAVE READ THIS ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT on the front and back of this contract. I UNDERSTAND THAT BY SIGNING THIS RENTAL CONTRACT (A LEGAL DOCUMENT), AND IN CONSIDERATION OF MY BEING ABLE TO PARTICIPATE IN, AND USE, THE WAVERUNNERS RENTED BY Hector's Watersports, Inc., I HEREBY RELEASE, WAIVE AND DISCHARGE Hector's Watersports, Inc., OF ALL VALUABLE LEGAL RIGHTS I MAY HAVE AGAINST ITS OWNERS AND GUIDES AND OPERATORS, OR THEIR EMPLOYEES AGENTS, SERVANTS OR ASSIGNS.

In consideration, for being allowed by Hector's Watersports, Inc., (hereinafter referred to as the Company) to participate in watersport events and activities, and/or being provided with watersport recreational property, equipment or services, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, and for my/our heirs, personal representatives or assigns, I acknowledge that I have read, understood and agreed with any and all provisions listed on the front and back of this document, as evidenced by my signature and initials in and throughout this document

PRINT PARTICIPANT'S NAME _____ Date _____

Signature _____ Emergency contact: _____

List known allergies to plants, insects, or medications (if more space is required, write on margins) _____

Hector's Watersports, Inc., Representative Signature: _____

For participants under age 18, parent or legal guardian must also sign here:

PRINT NAME _____

Signature of Parent _____

DATE _____

PASSENGERS : _____ Date _____

PRINT NAME _____

Signature _____

PRINT NAME _____

Signature _____