

REGISTRATION FORM - ANDORRA SKI AREA MANAGEMENT CL SLU NRT L-710749-V

Avda. del Fener 22, baixos, AD 700, Escaldes- Engordany (Principat d'Andorra)

Name and Surname: _____

Address: _____

Postal Code: _____ City: _____ Country: _____

E-mail: _____ Phone: _____

Date of birth: _____ Weight (kg): _____

Selected Activity ☐ Jumping ☐ Assisted Rappel ☐

Place: _____ Date: _____ Time: _____

☐ I make the payment for the activities, that is, _____ €

☐ I attach the original of my gift voucher or already purchased e-ticket.

Payment Method ☐ Virtual TPV (e-ticket) ☐ TPV ☐ Cash ☐

SAFETY INSTRUCTIONS TO FOLLOW DURING THE ACTIVITIES:

Before the jump or assisted rappel:

1. Empty your pockets and leave any object that may fall to the ground during the jump.
2. Do not touch the jump equipment.
3. Listen carefully to the instructor who will give the safety instructions.

At the moment of jumping and during the jump:

1. Jump only after receiving the order from the instructor.
2. Do not touch anything and push off with your legs to launch yourself far and forward in a diving position.
3. Do not touch anything or try to grab anything until the jump is over or until you receive the order from an instructor.

IMPORTANT: Any medical certificate presented must indicate: "I, the undersigned, Doctor ..., certify that the clinical examination of ... born on ..., does not present any contraindication for the practice of bungee jumping, as indicated in the registration form of ANDORRA SKI AREA MANAGEMENT CL SLU (NRT L-710749-V) or other not included, but also incompatible."

CONTRAINDICATIONS FOR BUNGEE JUMP: Rupture or operation of a knee cruciate ligament < 9 months or with sequelae; Fracture of clavicle, hip, rib, or lower or upper limbs < 9 months or with sequelae; **CARDIOVASCULAR:** Coronary or heart disorders – history of 9 months or < 12 months if operated or with sequelae – sprain of limb with heart intervention. **OSTEOARTICULAR AND MUSCULAR:** Lower or upper < 3 months or with sequelae – rupture or tendon injury – history of spinal surgery – herniated disc – ankle < 12 months or with sequelae – muscle tear or rupture – cervicobrachial neuralgia – bone demineralization (osteoporosis, muscular diseases < 3 months or sequelae – history of skull fracture or bone disease, etc.) – hyperlaxity – history of hip dislocation – vertebrae – cervical sprain < 4 months or with sequelae. **MENISCAL PATHOLOGIES:** Hip, knee, leg prosthesis. **NEUROLOGICAL:** Epilepsy – history of brain surgery – alcoholism, consumption of toxins, drugs, or psychotropic medications before the jump. **ENT:** Balance disorders, central or peripheral (Ménière's vertigo, etc.). **THORACIC AND RESPIRATORY:** History of pneumothorax. **ABDOMINAL:** Abdominal hernias. **OPHTHALMOLOGICAL:** Surgery less than 5 months – history of retinal detachment – myopia greater than 5 diopters. **PREGNANCY:** From the beginning to the end of pregnancy – sequelae of childbirth or cesarean section < 9 months.

☐ I declare that I do not present any contraindication and that, to my knowledge, I have not had any illness, accident, or undergone any surgery that may present a risk or contraindication for the practice of bungee jumping (see the list of contraindications above "CONTRAINDICATIONS FOR BUNGEE JUMP").

☐ I declare that I have taken note of the contraindications and accept the general conditions (see below, "GENERAL CONDITIONS / ADMISSION CONDITIONS").

☐ I declare that I have taken note of the " SAFETY INSTRUCTIONS TO FOLLOW DURING THE ACTIVITIES," and I commit to observing and respecting them during my bungee jump (see above).

Date _____

Signature _____

GENERAL CONDITIONS / ADMISSION CONDITIONS

Age: 15 to 65 years. **Weight:** ≥ 45 kg and ≤ 115 kg. **Minors:** Written authorization and a copy of the legal representative's identity document.

From 60 years old: a medical certificate of no contraindication, dated less than 1 month, is mandatory. No contraindications for bungee jumping (see the previous list) and, in case of doubt, a medical certificate of no contraindication, dated less than 1 month, will be requested. ANDORRA SKI AREA MANAGEMENT CL SLU reserves the right to reject any person who meets the admission conditions and to accept any person who does not meet the same admission conditions. **REGISTRATION:** Every person must complete and sign a registration form before participating in any of the activities. **CANCELLATION:** By the client and less than 15 days before the date of the activities: the amounts paid will be retained. Due to bad weather conditions: there will be no refund, the appointment will be rescheduled. If it is completely canceled, the amounts paid will be fully refunded; if partially canceled, the activities not carried out will be refunded according to our current budget and rates. ANDORRA SKI AREA MANAGEMENT CL SLU reserves the right to cancel one or more activities due to force majeure, safety reasons for the participants, or in case of normally unforeseeable events. In no case can ANDORRA SKI AREA MANAGEMENT CL SLU be held responsible, and the client cannot claim any other compensation. Gift vouchers or e-tickets offered are non-refundable. Any registrant who refuses to jump will not be refunded.

ADVICE: ANDORRA SKI AREA MANAGEMENT has civil liability insurance with the insurance company FINANCERA D'ASSEGURANCES with policy number 98001257. If the participant wants to be covered by individual accident insurance or complementary individual accident insurance, they must contact an insurance company of their choice (ANDORRA SKI AREA MANAGEMENT does not offer this type of insurance).

PRICES: Sales prices may be modified. There will be no price increase for registered clients. Prices in euros, all taxes included.

REGISTRATION: ANDORRA SKI AREA MANAGEMENT CL SLU is a registered establishment in Escaldes Engordany, with the number NRT L-710749-V.