



## RISK ACKNOWLEDGEMENT TERM

### PLEASE INDICATE BELOW THE ACTIVITY YOU WILL BE PARTICIPATING:

Surf Kitesurf Windsurf Stand Up Paddle Yoga Paragliding Paramotor Hawaiian Canoe

Boat Trip Trail Bike Tour Off Road Tour Birdwatching City Tour Walking Tour

### PERSONAL AND SAFETY INFORMATION:

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ ID: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Landline: \_\_\_\_\_

E-mail: \_\_\_\_\_

Any Allergies? ( ) No ( ) Yes

If yes, please list them: \_\_\_\_\_

Any health issues that should be highlighted? ( ) No ( ) Yes

If yes, please list them: \_\_\_\_\_

Any physical or mental disability? ( ) No ( ) Yes

If yes, please list them: \_\_\_\_\_

Are you taking any prescription medications, non-prescription drugs or herbal supplements of any kind?

( ) No ( ) Yes

If yes, please list them: \_\_\_\_\_

Do you know how to swim? ( ) No ( ) Yes Blood Type:

\_\_\_\_\_

In case of an emergency, please advise:

\_\_\_\_\_

Telephone: \_\_\_\_\_

**I DECLARE FOR THE DUE PURPOSES:**

To be in good health and have informed, in writing, of any medical condition out of the normality as well as preexisting diseases and / or use of medications.

I declare to have been informed of the risks involved in the activity and I understand that the use of safety equipment is mandatory. I am aware that any act of mine, contrary to the information and guidance received from the team, can cause damage to my physical integrity, the environment and third parties, which I assume in full.

I understand and accept the above mentioned items.

I authorize the Sustainable Tourism Company, BlueBirdsBR, **to display images** collected during the activity for insertion in its Internet page and also, for promotional and advertising purposes. ( ) No ( ) Yes

**PARTICIPANTS UNDER THE AGE OF 18:** The authorization to participate in the activity of persons under the age of 18 years old will be given by their legal guardian, who must fill in the PERSONAL AND SECURITY INFORMATION with the data of the participant and also, must SIGN this Risk Acknowledgement Term.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Place \_\_\_\_\_

**The information I have provided about my medical conditions is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.**

Signature:

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Signature of Parent or Guardian:

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**COMPANY:** BlueBirdsBR Sustainable Tourism and Environmental Solutions, legal entity of private law, CNPJ 23.089.420\0001-91. Saquarema Avenue, 567 - 46 C2 - Porto Novo - Saquarema – RJ.