

THE CURAÇAO DOLPHIN THERAPY & RESEARCH CENTER N.V. (CDTC)
LIABILITY WAIVER & EXPRESS ASSUMPTION OF RISK FORM

*Please read carefully and sign at the end. In case guest is under 18 years, parent/care taker should sign on behalf of the minor / person that is legally incapable.

** This form should be filled in and signed by / on behalf of each person in a party / family

The undersigned,

Name(s): i) ii) iii)
Date(s) of birth: i) ii) iii)
Home address(es):
Town(s):.....
Country:
Nationality:.....
Email:.....
Hotel Curaçao:.....
Room#:.....
Emergency contact:
Telephone number:.....

Hereafter also referred to as “the Principal” hereby declare(s) on his / her / their behalf and on behalf of the following minor(s) / person(s) that is / are legally incapable, jointly referred to as ‘the Participants’:

Name Guest:.....
Date of birth:.....
Name Guest:.....
Date of birth:.....
Name Guest:.....
Date of birth:.....
Name Guest:.....

That the Participants:

Wish to participate in the CDTC Program reserved for them and have read, fully understand and accept CDTC’s General Terms & Conditions as published on CDTC’s website and made available in hard copy before signing this form, which General Terms & Conditions are held to form an integral part of this Waiver.

Signed in Willemstad, Curacao on..... by Principal(s)

i) ii) iii)