

For queries about this form, please contact:

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REGISTRATION AND WAIVER FORM

EUROPEAN SPACE AGENCY (ESA) HUMAN SPACEFLIGHT TRAINING EUROPEAN ASTRONAUT CENTRE

Please read and complete this document carefully. The completion of this form is mandatory to participate in the NBF activities.

FIRST DATE OF PARTICIPATION IN NBF ACTIVITIES

MY PERSONAL DETAILS

NAME -

ADDRESS -

.....

CITY -

DATE OF BIRTH -

NATIONALITY-PASSPORT/ID NUMBER(*) -

TRAINING REQUIREMENTS

Please tick the following boxes to confirm your age, and that you have attached the appropriate documentation:

I am over the age of eighteen (18) years;

I hold a valid general medical certificate of health (max 1 year old) issued by my medical doctor after a medical examination; and

My physical conditions have not changed from the date of the medical certificate attached hereto.

The medical certificate of health will be made available to Divemaster Bonn GmbH.

↑ As a participant in NBF diving activities, I agree to follow all NBF standards and safety regulations as explained and requested by Divemaster Bonn GmbH.

PHOTOGRAPHY and VIDEO RECORDING

Please tick the following boxes to confirm your agreement.

↑ I understand and agree that I shall use any photographs and videos that I take during the my stay at ESA-EAC premises for private and non-commercial purposes only. I also acknowledge that photographing and videofilming are not allowed on DLR premises.

↑ I understand and agree that for safety and security reasons underwater photographing and video recording requires the explicit agreement of Divemaster Bonn GmbH.

WAIVER OF LIABILITY

Please complete and tick the following boxes to confirm your agreement.

I,, being over the age of eighteen (18) years, hereby agree to:

1. knowingly, freely and voluntarily, for myself, my heirs, personal representatives and assigns, waive any and all claims and demands of any kind or nature arising as a result of my participation in NBF activities (the “Activities”), in or around the European Astronaut Centre, Cologne, Germany (the “Property”), from which any liability may, or could, arise to the European Space Agency (ESA) or any of its related entities, or any of its representatives, officers, employees or agents (the “Released Parties”);
2. assume any and all risks of injury to myself and to my property, whether such risks are inherent to the Activities or not, while present in or around the Property, or while participating in the Activities;
3. for myself, my heirs, personal representatives and assigns, from the date of signature of this Registration and Waiver Form hold the Released Parties harmless and

blameless for any injury to myself occasioned by my participation in the Activities, whether or not such injury results from the negligence of the Released Parties; and

4. for myself, my heirs, personal representatives, spouses, descendants and assigns, I hereby agree not to sue or bring any claim or demand of any kind or nature, directly or indirectly, against any of the Released Parties relating to, or arising out of, any of the Activities.

† I understand that if I do not sign this Registration and Waiver Form the Released Parties would not permit me to participate in the Activities on or around the Property.

† I understand that, as participant in NBF activities, I am expected to, and I declare that I shall, follow all prevailing standard safe-diving practices for divers of my level of certification, as described by the major diving organisation and as requested by Divemaster Bonn GmbH.

† I confirm that I am medically fit to participate in the Activities that I have selected to attend.

Acknowledged and Agreed:

.....
Signature of Participant

.....
Place and date of Signature