

! Please read attentively !

Hochseilgarten Isarwinkel (High ropes course) & Zipline/Flying Fox

## Form for groups/ companies

Name of the group or company: \_\_\_\_\_

DATE: \_\_\_\_\_

Contact person: \_\_\_\_\_

Invoice address: \_\_\_\_\_

\_\_\_\_\_

@-Mail: \_\_\_\_\_

Phone or mobile No.: \_\_\_\_\_

How did you hear about us? (please check where applicable)

- internet
- friends/ family/ job
- advertisement (leaflet, newspaper article, etc.)
- gift voucher \_\_\_\_\_
- radio advertisement (radio station) \_\_\_\_\_
- Other \_\_\_\_\_

As a member of the above mentioned group I herewith explicitly declare that I am aware of the instructions/guidelines of the high ropes course & Zipline/Flying Fox and the general conditions of the HOCHSEILGARTEN ISARWINKEL GbR. I herewith accept the complete contents of the instructions/guidelines and general conditions. I am aware of the personal responsibility concerning the usage of the safety equipment. By signing this document I explicitly accept the limitation of liability included in the general conditions of the HOCHSEILGARTEN ISARWINKEL GbR no matter if I am the signatory or not. I reassure the HOCHSEILGARTEN ISARWINKEL GbR that I do not have any physical or mental limitations or disease that might be a danger to myself or to others during my stay in the high ropes course & Zipline/Flying Fox.

# PLEASE TURN OVER !

! Please read attentively !

!!! Please fill out CLEARLY and in BLOCK LETTERS. Thank you !!!

No.	First + last name:	Under- age? (X)	m / f	Flying Fox	Postal address:	Postal code:	City:	Signature:
1.		<input type="checkbox"/>		<input type="checkbox"/>				
2.		<input type="checkbox"/>		<input type="checkbox"/>				
3.		<input type="checkbox"/>		<input type="checkbox"/>				
4.		<input type="checkbox"/>		<input type="checkbox"/>				
5.		<input type="checkbox"/>		<input type="checkbox"/>				
6.		<input type="checkbox"/>		<input type="checkbox"/>				
7.		<input type="checkbox"/>		<input type="checkbox"/>				
8.		<input type="checkbox"/>		<input type="checkbox"/>				
9.		<input type="checkbox"/>		<input type="checkbox"/>				
10.		<input type="checkbox"/>		<input type="checkbox"/>				
11.		<input type="checkbox"/>		<input type="checkbox"/>				
12.		<input type="checkbox"/>		<input type="checkbox"/>				