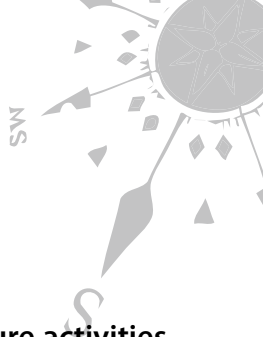


MEDICAL STATEMENT
PARTICIPANT RECORD (CONFIDENTIAL INFORMATION)



This is a statement in which you are informed of some potential risks involved in adventure activities and of the conduct required of you during the excursions available. Your signature on this statement is required for you to participate in the adventure activities offered by Gozo Adventures a product by Hancock Limited.

Please read this statement prior to signing it.

You must read this Medical Statement, before you enrol in an adventure activity excursion. If you are a minor, you must have this Statement signed by a parent or guardian. Adventures activities are an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks.

Adventure activities can be strenuous under certain conditions. To participate safely, you should not be extremely overweight or out of condition. Your respiratory and circulatory systems must be in good health and all body air spaces must be normal and healthy.

A person with severe back problems, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not participate in adventure activities.

If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor before participating in the adventure activity and inform the guide before participating in the adventure activity.

You will learn from the guide the important safety rules while conducting the activity. Improper use of equipment can result in serious injury. You must be instructed in its use under direct supervision of an experienced guide to use it safely.

If you have any additional questions regarding this Medical Statement, review them with your guide before signing.

I _____, have read this medical statement and I am able to participate to the best of my knowledge in the adventure activities provided. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

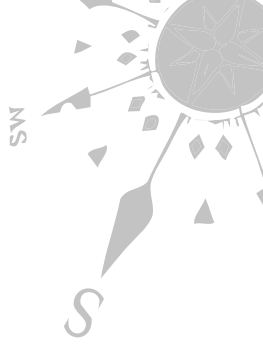
Participants Signature

Date (Day/Month/Year)

Signature of Parent or Guardian

Date (Day/Month/Year)

**TRAVEL AND EXCURSIONS
LIABILITY RELEASE AND
ASSUMPTION OF RISK AGREEMENT**



Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm I am voluntarily engaging in
Participant Name

the recreational and adventure activities planned for my trip to the Maltese Islands, organised by Gozo Adventures a product by Hancock Limited.

If I engage in adventure activities, I affirm that I am aware that all adventure sports including gravity sports are activities with a danger of personal injury or death. Participants in these activities should be aware of, accept the risks and be responsible for their own actions and involvement.

I understand and agree that neither my guide or instructor nor 'Gozo Adventures', 'Hancock Limited' nor its affiliate or subsidiary corporations, nor the owners, officers, employees, agents, contractors or assigns of the above listed entities (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me my family, estate, heirs or assigns that may occur as a result of my participation in this trip or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I further state that I am of lawful age and legally competent to sign this Liability Release Agreement, or that I have obtained the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this agreement is found to be unenforceable or invalid, that provision shall be severed from this agreement. The remainder of this agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____, **BY THIS INSTRUMENT, AGREE TO**
Participant Name

EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature

Date (Day/Month/Year)

Signature of Parent or Guardian

Date (Day/Month/Year)

REGISTRATION FORM



Name _____

D.O.B. _____ Occupation _____

Address in Gozo _____

Home Address _____

Email Address _____

Telephone Number _____

Mobile Number _____

Next of Kin _____

Emergency
Contact Number _____

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm that I understand and agree that I am
Participant Name

responsible to ensure adequate insurance cover for myself during participation of any of the recreational and adventure activities planned for my trip to the Maltese Islands, organised by Gozo Adventures a product by Hancock Limited. I affirm that I have contacted my insurance company and have notified them that I will participate in recreational and adventure activities. I affirm that I am aware that all adventure activities including gravity sports are activities with a danger of personal injury or death. In the event of not having insurance coverage for any adventure activity, I accept the risks and will be responsible for my own actions and involvement.

Participant Signature

Date (Day/Month/Year)

Signature of Parent or Guardian

Date (Day/Month/Year)