



PASSENGER'S INFORMATION SHEET

MEMBER GUEST: MEMBER'S NAME _____
 EVENT: _____ DATE: _____

PLEASE COMPLETE ALL INFORMATION IN THE SPACES PROVIDED. PLEASE WRITE LEGIBLY.			
LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS			CONTACT NO/S.
DATE OF BIRTH	EMAIL	NATIONALITY	
OCCUPATION		DATE OF LAST VISIT TO BALESIN ISLAND CLUB	
CONTACT PERSON IN CASE OF EMERGENCY			
NAME			RELATIONSHIP
ADDRESS			CONTACT NO/S.
RELEASE AND WAIVER OF LIABILITY			
<p>I understand that participation in the trip to Balesin Island and to the Balesin Island Club (the "Club"), as well as participation in any of the various activities available therein including, but not limited to a voyage on board the M/Y Obsessions, involves some risks related to air and sea travel and all other types of transportation that, in rare circumstances, could result in damage to property, injury to persons, or death. I agree to hold Alphaland Corporation, Alphaland Balesin Island Resort Corporation, Alphaland Balesin Island Club, Inc., Alphaland Aviation, Inc., their affiliates, shareholders, directors, officers, and employees (collectively, the "Releasees") free and harmless from all liability and responsibility, whether in tort, contract or otherwise, for any injury, loss or damage suffered at the Club and in transit to the Club, including property loss and any injury, serious or otherwise, or death. By signing this Release and Waiver of Liability, I hold free and harmless the Releasees from all claims, demands, actions and causes of action by any person, including my heirs, executors, insurers, successors and assigns for any injuries, loss or damage suffered by me in connection with my travel to/from and stay at the Club and participation in any of the activities therein available. I understand that this Release and Waiver of Liability binds the members of my family, spouse, heirs and successors-in-interest, assigns, and personal representatives.</p> <p>My signature below indicates that I have read, understood and agree to be bound by each of the provisions stated above.</p>			
MEMBER / GUEST'S SIGNATURE OVER PRINTED NAME _____			DATE _____
Further, I, as the parent / legal guardian agree that the following named minor(s) is/are also bound by the provisions stated above, to wit;			
NAME	AGE	DATE OF BIRTH	RELATIONSHIP
PARENT'S / GUARDIAN'S SIGNATURE OVER PRINTED NAME _____			DATE _____