



GROUP RENTAL FORM & GET ACTIVE QUESTIONNAIRE (GAQ)

You will need to present the following documents if applicable:
■ PAssion Card ■ Relevant Proficiency Certification

PART 1 RENTAL DETAILS					
Type of Equipment: ☐ 10-Crew Dragon Boat ☐ 20-Crew Dragon Boat ☐ Others _____					
DESTINATION (compulsory) _____ TIME OF RENTAL _____ EXPECTED TIME OF RETURN (compulsory) _____ DATE (compulsory) _____					
PART 2 PERSONAL PARTICULARS OF PERSON-IN-CHARGE			PART 3 ORGANISATION/BILLING DETAILS		
* NRIC / FIN / Passport Number / Birth Certificate Number		Date of Birth (dd/mm/yyyy)		Name of Organisation : _____	
*S/F/G				Address: _____ _____	
* Name (as in NRIC/FIN/Passport/Birth Certificate) Mr/Ms		☐ I would like to be on PAssion Wave's mailing list.		Telephone No : _____ Fax No. _____	
				Email : _____	
RULES AND REGULATIONS FOR USE OF EQUIPMENT			PART 4 DECLARATION		
1) Rental for activities is allowed only when relevant proficiency certificates issued by PAssion Wave or other relevant organisations recognised by the National Sports Associations are produced as documentary proof where applicable. E.g. Users who intend to use closed deck kayaks must produce the relevant certifications i.e. 1 Star Kayak Award. 2) All users must put on a Personal Floatation Device and be properly attired when engaging in the water sport activities. 3) Sharing of rented equipment is not allowed. 4) Check all equipment before use, i.e. no leaks, damages etc. Defects must be reported to the staff immediately. 5) Users would be held responsible for any damages to the equipment during rental. 6) In case of poor visibility or bad weather, such as a thunderstorm, please head to the nearest shore/shelter. In the event that lightning activity is detected in the vicinity, the warning siren will be activated. For your own safety, please return to the outlet immediately. 7) In the event of capsizing, please check for your buddy (if any) and recover craft. If you are unable to recover the craft, stay with the craft, seek assistance by attracting attention e.g. waving your hands or paddles, blowing the whistle. 8) Do all activities within the demarcated areas. The demarcated areas are displayed on the outlet notice board. 9) All users must strictly adhere to all safety regulations by the relevant authorities and PAssion Wave. 10) Please ensure you are able to contact the office before you embark on any expeditions in the event assistance is required. E.g. bringing along a means of communication and have the number to the PAssion Wave office. 11) Keep the office informed of your intended expedition route if applicable. 12) All rented equipment must be returned and thoroughly rinsed with water before storing.			* All users please scan the QR code, acknowledge the GAQ and tick the table in Page 2 * Acknowledgement of Risk & Consent By proceeding with this registration, you hereby acknowledge and agree that you have read and understand the information set out in the Pre-activity information form. Please read the Get Active Questionnaire and seek the necessary medical advice before you take part in the course/activity, if necessary.  DRAGON BOAT Please scan the QR code to access the Pre-activity information and GAQ. https://go.gov.sg/dragonboatpai I understand that my participation in this activity/programme is strictly voluntary and it involves certain risks, including risks arising from the nature of the activity/programme. I confirm that I have no physical or medical condition that would make my participation in this activity/programme unsafe for myself or others. I agree to: (a) cooperate fully with the staff and trainers and abide by all instructions, safety processes and systems for the activity/programme; and (b) inform the staff and trainers if I feel unwell at any time during the activity/programme or if I do not wish to continue participating in the activity/programme.		
updated 27/11/2024					
For Official Use					
Handled by	Equipment No	Total Amount	CRMS No.	CRMS Date	Remarks

No.	Name	NRIC / FIN / Passport Number / Birth Certificate Number	Date of Birth (DD/MM/YYYY)	Emergency Contact No.	Name(Relationship)	By ticking, I confirm that I have read, understood and agree with the statements stated at Part 4.	Signature/Date
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