Zip Tour Declaration

- I promise to comply with the staff instructions, rules, cautions, as well as cancal policies, and promise to take responsibility for my actions, try to manage safety of oneself when participating in LOTTE ARAI RESORT's activity " Zip Tour " .
- I agree to relieve Zip Tour of all responsibilities should I become injured due to ignoring any of the following rules, cautions, regulations or staff instructions.
- I do not have the following conditions (-Have drunk any alcohol -Currenty drunk - Have bad health -Pregnancy -Physically handicapped -Have a chronic disease -Taking drugs)
- I meet the all necessary conditions or requirements, such as age or height.

I and my companions agree with the followings declaration.

Date ____ / ____ / ____ Signature _____

【Zip Tour Application Form】

Name		Age	Male・Female	Room Number
	Stay・Walk-in			
Address				Phone Number
		HEIGHT	cm	WEIGHT kg
Name		Age	Male・Female	Phone Number
		HEIGHT	cm	WEIGHT kg
Name		Age	Male・Female	Phone Number
		HEIGHT	cm	WEIGHT kg
Name		Age	Male・Female	Phone Number
		HEIGHT	cm	WEIGHT kg
Name		Age	Male・Female	Phone Number
		HEIGHT	cm	WEIGHT kg

【Personal Informati

The personal information gathered and data will be used for statistical purposes and improving our guest services only. It will never be sold to a second party.

LOTTE ARAI RESORT