



# PARTICIPANT DECLARATION 0438 731 503

In consideration of Organisers accepting my application to participate in the Program below, I acknowledge, understand and agree that:

1. "Organisers" for the purposes of this declaration means the **Coolum Surfing School Surf School** and includes, where the context so permits, Surfing Australia Inc ("SA"), SA affiliated state surfing associations and their respective directors, officers, members, servants or agents.

2. Warning: Participating in the Program can be inherently dangerous. I understand the nature and requirements of the Program and acknowledge that serious accidents can and often do happen which may result in me being seriously injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in the Program.

3. Physical Fitness: I must not participate in the Program if I have any injury, disability, medical or health condition that may increase the risk of me becoming injured unless I have told SA about it and they have authorised me to participate. I declare that I am medically and physically fit and able to participate in the Program and I will immediately notify SA of any change to my fitness and ability to participate. I understand and accept that SA will continue to rely on this declaration as evidence of my fitness and ability to participate.

4. Instructions: I will at all times comply with the instructions and safety procedures of SA.

5. Medical Treatment: If required, SA will arrange medical or hospital treatment (including ambulance transportation) for me. I authorise such actions being taken by SA and agree to meet all costs associated with such action.

6. Release & Indemnity: My participation in the Program is entirely at my own risk and I agree to:

(a) Release and forever discharge SA from all liability and Claims that I may have or may have had but for this release arising from or in connection with my participation in the Program;

(b) Indemnify and hold harmless SA to the extent permitted by law in respect of any Claim by any person including but not only another participant in the Program arising as a result of or in connection with my participation in the Program.

*In this clause 6 "Claims" means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising (including negligence, trespass to the person or for breach of implied terms in the sale of services under section 74 of the Trade Practices Act (1974) Cth and equivalent provisions contained in State sale of goods or fair trading legislation).*

7. Identity: Photographic and or visual images taken by SA of my participation in the Program may be used for general promotion of SA activities.

8. Privacy: I understand that the information provided by me in this form is necessary for the operation of the Program. I acknowledge and agree that the information will only be used for the objects of SA and to provide me with information pertaining to the Program and SA activities. I understand that I will be able to access my information through SA upon request. If the information is not provided I might not be permitted to participate in the Program.

**I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.**

Names: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Ages: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: Emergency Contact No: \_\_\_\_\_

**Surfer's Medical Information** (confidential) please indicates any medical conditions that coaches should be aware of:

<u>Have you had prior surf lessons with us?</u>	No	Yes	<u>Would u like to join us on:</u>	
<u>How did you find Coolum Surfing School?</u>				
Word of Mouth	Truck/Beach	Brochure		Facebook <input type="checkbox"/>
Facebook:	Internet Search Words	Twitter:		Twitter <input type="checkbox"/>
		Other	Newsletter <input type="checkbox"/>	

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**Where the applicant is under 18 years of age this form must also be signed by the applicant's parent Or legal guardian.**

I, \_\_\_\_\_ am the parent or guardian of the applicant. I expressly agree to be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this application and declaration including the provision by me of a release and indemnity in the terms set out above.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Where applicant under 18 years old)

Print Name: \_\_\_\_\_