

MARGARET RIVER CLIMBING CO.

CONFIDENTIAL PARTICIPANT PROFILE AND MEDICAL HISTORY FORM

All information is strictly confidential. This information is required by your Outdoor Leader to ensure that your outdoor experience is safe and enjoyable. Envelopes can be provided for privacy.

Name: _____ Email: _____

Address: _____ Postcode: _____

Phone: (H) _____ (W) _____ (M) _____

Sex: (M/F) _____ Age: _____ Height: _____ Weight: _____

Blood Group (if known): _____ Religion (optional): _____

Please circle if you (or your child) suffer from any of the following:

Asthma	Diabetes	Epilepsy/Fits	Fainting/Dizziness	Blackouts/Migraines
Disability	Heart/Blood Condition	Pregnancy	Uneven Pupils	Recent Injuries

If applicable, please provide details: _____

Are you (or your child) allergic to anything? Eg: certain foods, bites, stings etc? Yes/No

If applicable, please provide details: _____

What allergic reaction do you have?: _____

Is it necessary for you (or your child) to carry their own medication at all times? Yes/No

If applicable, please provide details: _____

Name of drug: _____ Dosage: _____ Frequency: _____

The Outdoor Leader(s) needs to know of any learning difficulties relating to your child. Please describe if any: _____

Name of your Doctor: _____ Phone: _____

Name of a contact in case of emergency: _____

Phone: (H) _____ (W) _____ (M) _____

Address: _____ Relation to participant: _____

DISCLAIMER

I am aware that the Margaret River Climbing Co activities/programs, in addition to usual dangers and risks inherent have certain additional dangers and risks some of which include:

- Physical exertion for which I may not be prepared
- Weather extremes subject to sudden and unexpected change
- Remoteness to normal medical services
- Evacuation difficulties if I am disabled or travelling on country road

I agree that if I suffer injury or illness Margaret River Climbing Co can, at my costs, arrange medical treatment and emergency evacuation service, as Margaret River Climbing Co deems essential for my safety.

Signed: _____ Date: _____

For the Parent/Guardian of a participant under 18 years of age

Name of Parent/Guardian (please print): _____

Parent/Guardian Signature: _____ Date: _____

Privacy Statement - Privacy Act 1998

By completing this form you are supplying Margaret River Climbing Co with personal information about yourself. This information is needed to ensure your safety during your time with us. Margaret River Climbing Co is required to collect this information by our insurance company and by the Dept. of Workplace Health and Safety. This information you provide will not be supplied to any other organisation or used for any other purpose than that which is stated above.



MARGARET RIVER CLIMBING CO.

INDEMNITY & RELEASE

1. In consideration of the acceptance of my application form and fee to Margaret River Climbing Co., I acknowledge that I have read and understood the terms of this Indemnity and Release and agree to be bound by the terms of the same.
2. Except where provided or required by law and as such cannot be excluded, I agree that it is a term of my acceptance of my application form and fee (if accepted) that for myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby;
 - a) Waive and release all claims that I have made against Margaret River Climbing Co. ABN 16859484342 its officers, directors, members, volunteers, employees, agents, sponsors, stakeholders, other participants and any other persons involved in this activity ("the releasees") involved in this activity including any and all claims for damages caused by negligence or otherwise, arising out of my participation in the activity, together with any costs including legal fees that may be incurred as a result of any such claim whether valid or not; and
 - b) Indemnify and hold harmless the releasees and each of them against any such claim that I or my guests or any one or more of my executors, administrators, heirs, next of kin, successors or assigns may have or assert and against any costs including legal fees with respect to such claims.
3. If I am in breach of the terms of entry I agree to recompense the appropriate party/s for all loss and damage (including legal fees) arising out of such breach, including any damage to the party's reputation.
4. I attest and verify that I am physically fit and able to participate in the stated activity and that I have not been advised by a qualified medical practitioner not to participate.
5. I agree to abide by all the rules, regulations and instructions given from time to time, governing this activity.
6. I accept that if the activity is cancelled for any reason whatever my entry fee may not be refunded.
7. The event has a privacy policy and the information I have provided on this form is necessary for the conducting of this activity and will only be used for the purpose of conducting this activity.
8. I consent to the publication and/or use in any form of media whatsoever of my name, image, voice, statements or otherwise, without payment or compensation.
9. I have voluntarily entered into this agreement and have read, understood and acknowledged the terms of entry including the warning, exclusion of liability, release, indemnity and information provided elsewhere in the application form.
10. I/we acknowledge that participation in the activities is dangerous with many inherent risks as a result of which personal injury (and sometimes death) is common and ordinary consequences. I therefore assume and accept all risk of personal injury or death in any way whatsoever arising from participation in the activities.

I hereby acknowledge that I have read, understood and accept this agreement.

Signed: _____ Date: _____
(Please note: You personally must sign this agreement).

DECLARATION FOR MINORS

If you are under 18 years at the time of entering the Event, this declaration MUST be signed by your parent or guardian.

I, _____
of _____

Certify that I am the parent/guardian of ("the minor") who will be (_____) years of age on the day of participation of the activity. In consideration of Margaret River Climbing Co. accepting the Minor's application to participate in the activity, I agree to indemnify and shall keep indemnified Margaret River Climbing Co. in respect of any losses they or any of them may suffer as a consequence of any claim/s by the Minor and to the same extent as any other participant Indemnifies Margaret River Climbing Co. pursuant to the Clause 1 above.

Parent/Guardian Signature: _____ Date: _____

