

WATER SKI



Consent & Release

First Name _____ Surname _____

Address _____ Post Code _____

Email _____

Phone _____ Mobile _____

DOB / / Age _____ Medicare No. _____ Health Fund No. _____

Emergency Contact _____ Ph _____ Mobile _____

- | | | | | | |
|------------------------|------------------------------|-----------------------------|----------------------------------|------------------------------|-----------------------------|
| 1. Heart Problems | <input type="checkbox"/> yes | <input type="checkbox"/> no | 2. Respiratory Problems | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Travel Sickness | <input type="checkbox"/> yes | <input type="checkbox"/> no | 4. Phobias | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Operations | <input type="checkbox"/> yes | <input type="checkbox"/> no | 6. Recent Illnesses | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 7. Migraines | <input type="checkbox"/> yes | <input type="checkbox"/> no | 8. Blackouts | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 9. Fits, Epilepsy, etc | <input type="checkbox"/> yes | <input type="checkbox"/> no | 10. Asthmatic | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 11. Diabetic | <input type="checkbox"/> yes | <input type="checkbox"/> no | 12. Restrictions on Activities | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 13. Bedwetting | <input type="checkbox"/> yes | <input type="checkbox"/> no | 14. Special Diet | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 15. Disability | <input type="checkbox"/> yes | <input type="checkbox"/> no | 16. Medication Required | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 17. Drug Reactions | <input type="checkbox"/> yes | <input type="checkbox"/> no | 18. Allergies | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 19. Can You Swim? | <input type="checkbox"/> yes | <input type="checkbox"/> no | 20. Last Tetanus Booster – Date: | _____ | |

If you answer "yes" to items 1-18, please supply full details below or on a separate piece of paper.

I declare that I have read the information sheet and personal equipment list for my safe participation in _____ (activity), held on _____ (date) and will endeavour to ensure I have all the items listed. I also understand that it is a condition of participation to accurately complete the Health Record attached.

I have been informed of the nature of the activities and understand that there may be an element of risk involved. I agree to be responsible for taking the time to learn safety techniques and the proper use and limitations of the equipment I will be using. I acknowledge I may refuse to participate in any part of the activity I feel apprehensive about, (if this does not endanger myself or the other participants and leaders).

I acknowledge that waterskiing is an extreme sport that involves inherent risks, including but not limited to the possibility of serious injury or death resulting from high-speed impacts, falls, equipment failure, or collisions with obstacles or other participants. I have been informed that wearing a helmet can reduce the risk of certain types of head injuries while participating in waterskiing. I acknowledge that helmet use is optional but strongly recommended. I understand that it is my responsibility to decide whether or not to wear a helmet during participation.

I agree that if I suffer injury or illness, the organisers can arrange medical treatment and emergency evacuation services, as the organisers deem necessary for my safety or well being. In the event of accident or illness, I authorise the director/leader to consent, where it is impractical to communicate with me or my parents (if under 18), for me to receive an x-ray examination, anesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/ or surgeon. I also authorise to engage such treatment.

I agree to pay the appropriate fees for such and any ambulance or other emergency transportation costs, which may be required. I agree to meet the expense of me being returned home, by the Director or leaders accompanying me and then rejoining the group. I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Director/leader, non-cooperation of any description or the inability to meet the rigors and requirements of the activity. I agree to attend on this understanding.

I am aware, in signing this document, of the risks of the above named activity and am willing to accept this risk and agree to release, to the full extent permitted by law, AUSTRALASIAN CONFERENCE ASSOCIATION LIMITED (ACN 000 003 930) and/or SEVENTH-DAY ADVENTIST CHURCH (GREATER SYDNEY CONFERENCE) LIMITED and its employees and agents from responsibility for any injuries which I may suffer as a result of participation in this activity.

Name of Participant _____

Signature _____ Date: _____

Parent/Guardian approval MUST be given for participant under 18 years

Name of Participant _____

Signature of guardian _____ Date: _____

