



Snowy River Expeditions



Waiver Form – Assumption of Risk

As a condition to my accepting to participate I hereby acknowledge that I participate at my own risk and that I am aware that adventure activities can be hazardous and that Snowy River Expeditions (SRE) accept no responsibility or liability for any injury, death or loss that I might sustain as a direct or indirect consequence of participating whether such injury is a consequence of any act or omission by the servants, agents, representatives or volunteers, except in regard to any rights I may have arising under the Trade Practices Act 1974.

I acknowledge that the safety precautions undertaken are a service to me and other participants but are not a guarantee of safety. I consent to receiving any medical treatment, including ambulance transportation that they think desirable during or after participating.

CONDITIONS:

1. I agree to participate at my own risk and will at no time be under the influence of alcohol and/or drugs.
2. I agree to disclose any pre-existing condition that may affect the risk of injury to either myself or other persons.
3. While staff will inspect all relevant equipment, I agree that I will immediately inform staff if I experience any problems with my equipment.
4. I agree to follow staff members' instructions at all times. If I fail to comply with rules/instructions I may not be permitted to continue the activity and no refund will be given.
5. I agree that as a condition of participating, I must wear all appropriate safety equipment.
6. I agree that I will be responsible for any damages to the equipment, premises, property owned by others, other participants or bystanders, as a result of being negligent, reckless or irresponsible.
7. I agree to report any accident, injury, complaint, loss or damage to a staff member before I depart. Comment sheets are available from the administration office (Karoonda Park main building)
8. I understand that Snowy River Expeditions relies on the information provided by myself and agree that all information given is accurate and true.
9. I agree to indemnify the above mentioned company against all claims made by any other person against this company in respect of any injury, loss or damage arising out of or in connection with my failure to comply with the rules and directions.

All minors must have a parent or guardian sign this acknowledgment and indemnity for them. By signing my name below, either in person or by one of my representatives, I hereby agree to comply with all terms and conditions stated above.

I HAVE CAREFULLY READ THIS ACKNOWLEDGMENT AND INDEMNITY. I UNDERSTAND IT, AND VOLUNTARILY AGREE TO ALL OF ITS TERMS. I UNDERSTAND THAT THESE TERMS AND CONDITIONS APPLY EVERY TIME I PARTICIPATE.

Privacy Statement - Privacy Act 1998

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

Please complete the following

Name: _____ Age (if under 18): _____ Date: _____

Address: _____

Weight: Under 50kg _____ 50-80kg _____ 80-100kg _____ Over 100kg _____

Medical Conditions (Please notify guide): _____

Signature : _____ Prior Experience: _____

To be signed by parent/guardian if under 18 years.