



**SURF LIFE SAVING
SOUTH AUSTRALIA**

WAIVER FORM - PLEASE READ CAREFULLY

CLUB: _____ SLSC: _____ DATE: _____

NAME: _____

ADDRESS: _____

POST CODE: _____ EMAIL: _____

DATE OF BIRTH: ____ / ____ / ____ PHONE NUMBER: _____

CHOOSE ONE:

- I have filled in a membership application which has yet to be accepted by the State body.
- I wish to participate in a Come and Try day.
- I wish to participate in Surf Life Saving activities to ascertain whether I would be interested in pursuing membership.

I hereby waive all and any claims, or cause of action which I might be entitled to have against all managers, personnel, officials, organisers, or any person(s) whatsoever involved in any Club activities, events or functions conducted on behalf of the Club and other competitors who may be liable for any damage in respect of any matter whatsoever arising out of / or incidental to the events / functions being held as part of, or in conjunction with Surf Life Saving, whether or not such act or omission by such aforesaid lifesaving personnel is either negligent or reckless.

I hereby give my consent for the appointed doctors, coaches, staff and other officials of the Club to provide first aid and deliver me for treatment at the nearest operating and available medical facility in case I am injured as a result of any activity or event I am part of, or involved with, any event / function being held as part of, or in conjunction with Surf Life Saving or any allied Association.

I agree to abide by the Constitution and By-laws of the Brighton Surf Life Saving Club Inc.

NOTE 1: ANY INCORRECT INFORMATION IN THE MEMBERSHIP APPLICATION FORM MAY RESULT IN AN INSURANCE CLAIM BEING INVALIDATED.

NOTE 2: UNTIL YOUR MEMBERSHIP IS APPROVED BY SURF LIFE SAVING SA, YOU ARE NOT COVERED BY ANY ASSOCIATION INSURANCE POLICIES.

I, _____ have read and understood this form.

Signature: _____

(to be signed by parent or legal guardian if participant is under the age of 18 years)

HEALTH INFORMATION

GIVEN NAMES: _____

SURNAME: _____ DATE OF BIRTH: ____ / ____ / ____

MEDICAL CONDITIONS

Does your child have any medical condition or health problem? YES / NO

If "YES", please give details of the medical/health problem:

Are you aware of any medical emergency which could occur? YES / NO

If "YES", please give details:

Precautions to avoid emergency: _____

How to recognise emergency: _____

Emergency treatment required: _____

MEDICATION

Does your child take any prescribed medication (including inhalers)? YES / NO

Medication name: _____

Dose: _____

When taken: _____

How taken: _____

Any side effects: _____

(Note: Any medication needed during camp should be handed to an Instructor on arrival, with written notes of your child's name, medication, dose, etc.)

Has your child received a complete course of Tetanus Toxoid immunisation? YES / NO

(Check details with your doctor if uncertain.)

Date of last booster: ____ / ____ / ____

PARENTS SIGNATURE _____ DATE: ____ / ____ / ____