Prior to participating in any sessions/activities at **[CENTRE NAME]**, all patrons must first read the following pages thoroughly and complete all questions in full. We reserve the right to exclude from participation anyone who does not provide complete and truthful answers. The collection of these details is intended to make your experience as safe and enjoyable as possible, and to help you get the most out of your time here, so your honesty is essential and greatly appreciated.

This information is used to assess your suitability for specific activities, and may be referred to in the event of an accident, illness or medical emergency. False, misleading or omitted information could lead to the recommendation of an activity that is inappropriate or unsafe for you, and could result in illness, injury or in extreme circumstances, death.

There are rare occasions where somebody may suffer from a medical episode or serious injury caused by participating in their chosen activity at **[CENTRE NAME]**, regardless of their general health, fitness and medical history, and irrespective of how carefully we comply with all health and safety regulations. It is with this understanding that you are agreeing to and signing this accident waiver and release of liability form.

Please be assured that we will not disclose your private information to anyone (with the only exception being in the event of a medical emergency as outlined below), and we will not store your financial details in any way once payment has been received.

**DISCLAIMER**

Whilst our staff are all proficient in administering basic first aid, they are not medical professionals and cannot provide advanced medical advice or medical care. Most of the activities offered at **[CENTRE NAME]** carry an inherent risk of significant injury due to their physically demanding nature and the actions that they involve (i.e. running, climbing, tumbling, jumping, etc.), and you may need to seek qualified medical care if you sustain any injuries during your activity or after leaving the centre. **[CENTRE NAME]** will not be held liable for any medical costs that you incur following your participation in any of our activities.

Everything within our centre, including the layout of the environments, the design of the activities themselves and the safety protocols followed by our staff are all done with a primary focus on risk mitigation. Although we can never 100% guarantee your safety due to the inherent risks we have mentioned, we do everything in our power to minimise the risks by adhering to the following principles:

* Regular maintenance of all equipment by appropriately qualified and experienced staff. Equipment is replaced immediately if maintenance or repair is insufficient.
* Frequent staff meetings and training sessions are held to ensure that all of our employees are competent and following the same protocols, and all staff and instructors are trained in the latest first aid and safety practices.
* All procedures are tested and reviewed regularly, and tweaked in circumstances where we believe it will enhance the safety of our activities and our patrons.
* Any patron who does not comply with the conditions set out in the **Responsibilities of the Customer** section of this form will be either refused entry to the centre, or will be ordered to leave the premises.
* Certain activities will not proceed if instructors or staff deem that the weather, environmental conditions or some other unforeseen circumstances could adversely impact the safety of patrons.
* Children **12 years of age and under** will only be permitted to enter if they are under the direct supervision of a parent/guardian.
* This waiver form must be completed by a parent/guardian for each patron **under the age of 18**.
* Poor behaviour will not be tolerated under any circumstances. Any patron not following the rules or refusing to follow the directions of instructors or staff will be escorted from the premises.

If you have any doubts about whether a particular activity is suitable for you, or you have any concerns regarding an existing medical or physical condition and how this might impact your ability to participate, please seek advice from a qualified medical professional such as your GP or surgeon prior to attending **[CENTRE NAME]**.

If we assess that your safety may be at risk due to a pre-existing or potential medical/physical condition, we may insist that you provide a letter from your GP or surgeon giving their approval for you to participate in your chosen activity/activities. Please understand that these measures have been put in place for your safety and wellbeing – we will never exclude anyone from participating unless we feel that it is in your best interest to do so.

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**Name:**

**Address:**

**Phone:**

**Email:**

**DOB:**

**Emergency Contact Name & Number:**

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**Have you ever been to an outdoor/indoor activity centre previously? If ‘Yes’, please provide details of what type of facility you’ve attended, and which activities you’ve done:**

**What level of physical fitness would you describe yourself as?**

**A) Extremely fit B) Reasonably fit C) Average fitness D) Quite unfit E) Very unfit**

**Do you currently do any form of exercise? If so, what type of exercise and how often?**

**Depending on the activity you’ve signed up for, are you attending purely for fun/enjoyment or are you looking to improve your skills?**

**Do you regularly take any type of medication (either prescription or over-the-counter)? If ‘Yes’, please provide details:**

**Do you suffer from any medical conditions or illnesses (e.g. high blood pressure, high cholesterol, asthma, migraines, allergies of any kind, dizziness, heart conditions, cancer, poor circulation, blood clots, etc)? If ‘Yes’, please provide details regarding each condition:**

**Do you suffer from any type of chronic pain? If ‘Yes’, please provide details:**

**If ‘Yes’ to the above, what makes your pain worse? What makes it feel better?**

**Have you ever had an adverse reaction to any exercise/physical activity? If ‘Yes’, please provide details:**

**Are you pregnant, or is there a possibility that you might be pregnant?**

**Have you had any injuries in the last three years? If ‘Yes’, please provide details:**

**Have you ever had any surgeries? If ‘Yes’, please provide details:**

**If you are pregnant, or have had any significant injuries or surgeries in the last 12 months, do you have approval from your physician to attend this session?**

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**WHICH ACTIVITY/ACTIVITIES WILL YOU BE PARTICIPATING IN TODAY:**

* **Archery**
* **Axe Throwing**
* **Bungee Jumping**
* **Camping / Bush Skills**
* **Canoeing / Kayaking**
* **Hiking / Adventure Trail**
* **Horse riding**
* **Mini Golf**
* **Mountain Bike Trail**
* **Paintball / Skirmish**
* **Playground (12 Years Old & Under)**
* **Quad Bike Trail**
* **Rock Climbing / Abseiling**
* **Segway Trail**
* **Trampolining**
* **Treetop Course**
* **Zipline Course**
* **Other (please specify):**

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This signed waiver and release form will only be accepted if you are at least **18** **years of age** (or your parent/guardian has signed it) and you are legally and mentally capable of understanding and adhering to the conditions stipulated in this agreement.

As stated above, there is a requirement that all questions on this form are answered, and that you fully disclose any information that is requested within. If any relevant information is withheld, the form is not completed in full, or the information that is provided raises any concerns regarding your health, safety or wellbeing, we reserve the right to refuse your participation unconditionally.

If you are not of at least **18** **years of age**, you may only be considered for participation if a parent or legal guardian who is at least **18** **years of age** signs the waiver form on your behalf. In doing so, this person is accepting and agreeing to all conditions stipulated within this document on your behalf.

This agreement is between **[CENTRE NAME]** and **[CUSTOMER/PARENT/GUARDIAN NAME]**.

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**ACKNOWLEDGMENT OF RISKS**

During my visit to **[CENTRE NAME]**, depending on the types of activities that I am participating in, I may receivesome instruction, advice or information regarding techniques and safety precautions, as well as how to operate equipment correctly and safely navigate terrain or environments. I acknowledge that such advice or information is provided by **[CENTRE NAME]** in an effort to assist me and to comply with all health and safety regulations, but ultimately, it is my decision whether or not to follow such advice.

Such instruction is intended to provide participants with a basic understanding of correct techniques, but does not guarantee the elimination of accidents or the potential for injury. I acknowledge that these activities involve varying degrees of physical exertion and strain, and that there is always an inherent risk of injury when participating in physical activities.

I confirm that the staff of **[CENTRE NAME]** have made me fully aware of the possible risks associated with participating in my chosen activity/activities, and I confirm that I will not hold **[CENTRE NAME]** responsible for any injuries that I sustain as a result of any activity. I acknowledge that by signing this form I am accepting these risks and am choosing to participate regardless, and I am aware that I can cease participation in any activity at any time.

I accept that if I purchase a ticket on behalf of someone else, I will be considered that person’s authorised agent, and that person will be bound by the same conditions of entry that every other patron is bound by. In the unlikely event that there is an incident or dispute involving that person, it will not be accepted that they were not aware of, or did not agree to, the conditions of entry.

I agree to abide by all rules, conditions and safety precautions in place at **[CENTRE NAME]**. I accept that it is at the discretion of instructors and staff of the centre to cancel activities, refuse entry to patrons, or prohibit patrons from participating in an activity if they believe that there is a good reason to do so.

I am aware that this release form, which contains my personal information, my responses to specific questions, and my signed agreement to waive liability, will be held on record by **[CENTRE NAME]**. I am also aware that this document may be referred to if I am involved in any type of accident or medical emergency whilst at **[CENTRE NAME]**, and it may be presented to medical professionals in the event that I require emergency medical treatment.

I confirm that I am not under the influence of any drug or alcohol, and that I have made the decision to sign this form whilst in full control of my senses. If I am regularly taking any type of medication that may impair my ability to participate in physical activity or might exacerbate an injury (for example, blood thinning medication), I have informed the staff of **[CENTRE NAME]** and have discussed it with them.

I have answered all questions asked on this form truthfully and completely, and I have provided complete and honest details regarding any pre-existing medical conditions, injuries, disabilities, or physical limitations that I suffer from and/or that I am aware of. I confirm that to the best of my knowledge, I have not withheld any information of this nature.

Whilst it is unlikely that I will suffer any injuries or other adverse reactions to my session at **[CENTRE NAME]**, I do acknowledge that there is some degree of risk involved when participating in strenuous activity and that there is the potential for injury, illness or even death, in addition to the possible loss of or damage to my personal property.

Such risks could arise from faulty or malfunctioning equipment, actions of the staff, my own misuse of the equipment, adverse reactions to a particular exercise or activity, greater levels of physical exertion than I am accustomed to, the location itself, the actions of other participants or members of my group, natural disasters or extreme weather conditions, and other potential risks.

If any medical issues arise as a result of me having an accident or being injured whilst participating in an activity at **[CENTRE NAME]**, any medical costs incurred will be at my own expense, regardless of whether or not I followed the instructor’s advice correctly. **[CENTRE NAME]** will not be held liable for any costs or inconveniences that arise as a result of, but not limited to, any of these scenarios.

I acknowledge that I have had sufficient time and opportunity to seek independent legal advice regarding this form and its contents prior to my signing it and effectively entering into a contract with **[CENTRE NAME]**.

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**Signature of Participant/Parent/Guardian Date**

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**RESPONSIBILITIES OF THE CUSTOMER / PARTICIPANT**

By signingthis form and attending a session at **[CENTRE NAME]**, you are accepting full responsibility for your own physical, medical and mental health condition. This includes your full acceptance of responsibility for any medications that you are taking, and being aware of any adverse side effects that your medication may have on you while participating in strenuous physical activity.

If you have any doubts about whether you should be participating/exercising whilst taking medication, or any concerns regarding the side effects of your medication, you should consult your GP, specialist or physician prior to attending **[CENTRE NAME]**. Our staff are not medical professionals and are not able to provide any information or advice on these matters.

**[CENTRE NAME]** assumes that you are aware of your own physical and medical limitations, that you will act responsibly in accordance with these limitations, and that you accept any and all risks that may be associated with any activities that you engage in whilst attending these premises.

If you experience any pain, discomfort or distress whilst participating in your activity, or you have any requests regarding reasonable modifications to your activity or the surroundings, please stop and notify your instructor or a member of staff immediately so that an assessment can be made.

Although we will do our best to accommodate any special requests, we are bound by workplace health and safety regulations and best practice standards, and we are also obliged to do what is best for the entire group taking part in the said activity. In many circumstances it will therefore be unlikely that we are permitted or able to modify either the procedure or the environment.

It is essential that you notify us if you have any pre-existing medical conditions or physical impairments/limitations that may adversely affect you during physical activity. Please answer all questions on this form honestly and completely, and also mention anything of this nature to your instructor prior to commencing your session/activity.

If you are pregnant or believe that you may be pregnant, please make note of this in the questions section at the beginning of this form,and mention it to your instructor prior to your session/activity. There may be some activities that you will not be permitted to participate in, but please appreciate that this is for your own safety and wellbeing, and that of your unborn baby. We would also recommend that you consult your specialist or GP prior to attending **[CENTRE NAME]** and obtain their approval to participate in your chosen activity.

It is your responsibility to seek medical advice prior to attending your session/activity if you have any doubts or concerns regarding your health, and your capability to safely participate in an activity at **[CENTRE NAME]**. We recommend that you do have a check-up if you have had or are experiencing any health issues, and seek your GP’s or specialist’s approval prior to attending any session/activity with us.

If you injure yourself or fall ill during participation in your chosen activity, our staff will not provide medical advice as they are not qualified to do so. Any suggestions made by our staff regarding treatment of injuries, illnesses, health conditions or recovery should not be taken as “medical advice”.

You should always consult your medical practitioner or specialist if you have any questions or concerns regarding health issues, diagnoses and treatment. If you suffer from any physical ailments, injuries, health concerns or complications after participating in an activity at **[CENTRE NAME]**, please see your doctor immediately.

By your signing this form and attending a session/activity, we are of the assumption that you have received approval from your medical physician to do so, and we will not be held responsible for any accidents or illnesses that occur as a result of your participation in this session/activity.

Children **12 years of age and under** must be supervised by a parent/guardian at all times whilst participating in any activity at **[CENTRE NAME]**, and anyone **under the age of 18** must present a waiver form completed and signed by a parent/guardian before they will be permitted to participate.

There may be circumstances in which our instructors or staff members deem that an activity is inappropriate or unsafe for a particular patron, and their participation is unfortunately denied (e.g. in situations where someone is under a certain height, over a certain weight, or has a certain disability, and these factors are seen as unacceptable risks for that particular activity).

This is not done to discriminate – we would love nothing more than for everyone to be able to enjoy the wonderful facilities we have here at **[CENTRE NAME]**, and we will always do everything in our power to include everyone. However, safety is our number one priority and we reserve the right to exclude patrons from participating if we think that it is in their best interests, and that of the group, to do so.

Participating in any of our activities whilst intoxicated poses a significant risk to yourself, other patrons and your instructor. If we believe that you are under the influence of any drug or alcohol, you will be refused entry to the centre or ordered to leave the premises. Poor behaviour of any kind, including but not restricted to bad language, displays of aggression or violence, or refusing to follow instructions, will not be tolerated. You will be asked to leave the premises, and the police will be called if we believe it is appropriate or necessary.

In signing this form you are acknowledging that you understand your obligation to fully disclose any relevant personal, health and medical details to **[CENTRE NAME]**. Further, you are agreeing to the **Responsibility of the Customer** conditions outlined above, and confirming that you have consulted your GP or surgeon and have received their approval to participate in today’s session (if applicable).

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**Signature of Participant/Parent/Guardian Date**

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**WAIVER AND RELEASE**

In signing this form, you are agreeing to release from any liability **[CENTRE NAME]** and its directors, managers, employees, your instructor, and any contractors or volunteers who are working on the premises. Further, you are agreeing to the following stipulations:

I, **[PATRON’S FULL NAME]**, acknowledge that I am voluntarily participating in all sessions and activities at **[CENTRE NAME]**. I further acknowledge that my participation in any activities, and the use of the facilities and equipment at **[CENTRE NAME]**, including the carpark, entrance, kiosk, gift shop, changerooms and any other areas within and around the premises, is done so at my own risk and I completely assume all responsibility for any injuries, illness or damage to my property or person whilst I am on the premises. I agree that **[CENTRE NAME]** will in no way be held liable for any claims or damages that may arise as a result of my visit to **[CENTRE NAME]**.

I confirm that I have read this waiver and release form carefully, thoroughly and completely, and I fully understand that by signing it I am agreeing to a complete release of liability by **[CENTRE NAME]**. In doing so, I am waiving the right to bring any action or claim against **[CENTRE NAME]**, its owners, affiliates or staff for any injuries incurred, death, or loss or damage to property as a result of negligence or fault by the staff, guests or anyone associated with **[CENTRE NAME]**.

I confirm that I have no illnesses or physical restrictions that may impair my ability to participate in any sessions/activities at **[CENTRE NAME]**, and that I have not been advised by a medical health professional to avoid such activities. I agree that if I do have any concerns regarding my physical or mental health, or my ability to successfully complete the session/activity, I will first consult my doctor for approval, and I will then bring it to my instructor’s or another staff member’s attention prior to commencing the activity.

I also acknowledge that if I do aggravate an existing condition as a result of my participation in the session/activity, or if I cause myself any type of injury or pain as a result of my participation, I will not hold **[CENTRE NAME],** its instructors or staff responsible and I waive my rights to bring any type of action against the staff or facility.

I am aware of and accept any risks associated with participating in activities at **[CENTRE NAME]**, including risks arising from negligence by the released parties, from malfunctioning or dangerous equipment used at the facility, or from possible liability without fault from the released parties.

In the event of an emergency (such as an accident, injury or illness, a natural disaster, or an environmental hazard) whilst I am participating in activities at **[CENTRE NAME]**, I do consent to **[CENTRE NAME]** seeking medical assistance on my behalf if required, signing any necessary consent forms on my behalf, and to my receiving any medical treatment that is deemed advisable or necessary under the circumstances.

I acknowledge that the fee paid for my chosen activity/activities at **[CENTRE NAME]** is not inclusive of personal accident insurance, and that any additional costs incurred from sustaining an injury, accident or illness during or after my session/activity will be my own responsibility. This could include, but is not limited to, the cost of an ambulance being called, any medical bills incurred by time spent in hospital, and any rehabilitation or follow-up treatment/therapy that may be required or beneficial.

I understand that my personal information is collected by **[CENTRE NAME]**, and that this information is used to assess my suitability for particular activities, and to mitigate the risks associated with my participation in these activities. I also accept that this information may be provided to a medical health professional in the event that I should suffer an injury or illness, and/or it is determined that I require medical treatment whilst in attendance at **[CENTRE NAME]**.

I confirm that I have read and understood the terms and conditions detailed within this document, and I agree to be bound by them. In signing this waiver and release form, I am agreeing to not make any claims against **[CENTRE NAME]**, its directors, managers, instructors or staff in the event that I should suffer any injuries or damages (including, but not limited to, illness, personal injury, death, loss of property or damage to property) whilst participating in any sessions or activities at this facility.

I acknowledge that this is a contract to release the liability of **[CENTRE NAME],** and I sign it without any coercion and of my own free will. This waiver and release from liability agreement should be interpreted as a complete release and waiver to the maximum extent possible underthe law in this state/country.

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**Signature of Participant Date**

In signing this waiver and release form, I am confirming that I have read and fully understand all of its contents and stipulations, and that I agree to all of the provisions within. I acknowledge that I am **18** **years of age** or older, or that if I am **under 18 years of age**, my parent/legal guardian has read and understood this document and all of its terms and conditions, and they have signed the form on my behalf.

As part of my agreement with **[CENTRE NAME]**,I agree to answer all questions truthfully and completely, particularly those questions pertaining to my health and physical/medical condition.

**Full Name:**

**Signature:**

**Date:**

**For members/participants who are under the age of 18, your parent/guardian must sign the below undertaking on your behalf:**

I, **[FULL NAME]**, being the legal parent/guardian of **[MINOR’S FULL NAME]**, confirm that I have read this waiver and release form in its entirety and have made every effort to ensure that I understand the sessions/activities that they are participating in. I hereby consent that they participate in these sessions/activities and I acknowledge that however unlikely, it is possible that they may experience an adverse reaction to these activities, and that there exists a risk of injury, illness, property damage, disability and even death.

I agree that in the event of any such accident or occurrence, **[CENTRE NAME]**, the organisation, its instructors, staff, contractors and managers will not be held liable whatsoever, with the only exception being any rights that arise as per any applicable local, state or federal consumer laws.

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