

Event:

Date/s:

Participant's Name:		Date of Birth:
Address:		
Phone Numbers: (H)	(M)	Email:
Emergency Contact Name:		Relationship:
Phone Numbers: (H)	(M)	Email:

I understand the nature of the activity and the risks in the activity. These include, but are not exclusive to, drowning, broken limbs, twisted & damaged joints through falling or being fallen on, animal bites including snakes, injury through exposure to weather, burns and cuts through stove use & other possibilities.

I understand anything I do on this event is my own responsibility. I understand I will not be forced to do anything I do not wish to do. I understand the nature of this training is to develop my skills beyond their current levels.

I understand that this activity may be cancelled, or experience delays, for weather and safety reasons.

I understand my obligations around Covid 19, including social distancing, good hygiene and to not attend if showing any Covid type symptoms. Further details: <https://www.covid-19.sa.gov.au/> or get in touch.

I understand that I may be denied training programs (without refund) if not properly equipped or prepared.

In case of an emergency I allow an appointed event/trip leader to take me for medical assistance by car, ambulance, or other emergency services vehicles at my expense. I allow First Aid to be administered by current Senior First Aid qualified designated people.

I have understood the activity and discussed any concerns with organiser and have clarified any areas of concern prior to signing this consent form. I have filled out this medical form honestly, and to the best of my knowledge.

Medical Information

1. Are you covered by private health insurance?	Y / N
Name of Fund: Policy no:	
2. Are you covered by Ambulance subscription?	Y / N
3. Medicare Number:	
4. Do you have, or have you had, asthma?	Y / N
Trigger factors:	
Severity:	
Treatment / Medication:	
5. Do you have / have you had any allergies?	Y / N
Trigger factors:	
Severity:	
Treatment / Medication:	

6. Do you require medication for any other conditions?	Y / N
Name of medication:	
Reason for medication:	
When is it taken:	
7. Have you had any recent illness / surgery?	Y / N
Details:	
8. Do you have any other medical conditions that may affect your participation?	Y / N
Details:	
9. How would you assess your level of fitness?	Poor / Fair / Good / Excellent
10. Do you have any other conditions that may affect your participation?	Y / N
Details:	

Name: _____ Signature: _____ Date: _____

If under 18, legal guardian to sign