



Age Group

WAIVER

PLEASE READ CAREFULLY

SEMAPHORE SURF LIFE SAVING CLUB

CHILD'S NAME: _____ BIRTH DATE: ____ / ____ / ____

ADDRESS: _____

SUBURB: _____ POST CODE: _____

CONTACT NAME: _____ NUMBER: _____

E-MAIL ADDRESS: _____

DATE COME AND TRY ACTIVITIES TO COMMENCE: ____ / ____ / ____

(Strike out whichever is not applicable)

- ▶ I have completed the SLSSA on-line membership which has yet to be accepted by the State body
- ▶ I wish to participate in up to a maximum of three (3) Come and Try days commencing from the date specified above.
- ▶ 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 and 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 life saving 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 being 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 of the Semaphore 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 SOUTH AUSTRALIA, YOU ARE NOT COVERED BY ANY ASSOCIATION INSURANCE POLICIES.

I, _____ have read and understood this form.
(print name)

_____ (signature) _____ (date)
(to be signed by parent or legal guardian)

Session 1	Session 2	Session 3
_____	_____	_____
Initials	Initials	Initials
Date	Date	Date