



WAIVER

Semaphore SLSC - Come and Try



****PLEASE READ CAREFULLY****

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

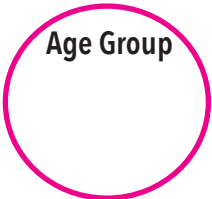
ADDRESS: _____

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.

By signing below, I:

1. agree to waive and release, and will release, the Club and its personnel from any claims including but not limited to any negligent or reckless act or omission, that I may have, or may have had, but for this release arising from or in connection with my participation in any Surf Life Saving activity conducted by the Club and/or SLSSA;
2. consent to the appointed doctors, coaches, staff and other officials of the Club to provide first aid to me and if required deliver me for treatment to the nearest operating and available medical facility if I am injured as a result of my participation in any Surf Life Saving activity conducted by the Club and/or SLSSA;
3. consent to the Club and SLSSA, using my name, image, likeness and also my performance in or of any Surf Life Saving Activity at any time to promote the Objects of the Club and/or SLSSA, by any form of media. I waive any rights I might have to or in such use of my name, image or likeness by the relevant SLS organisation. I acknowledge SLSSA's privacy policy may be found here: <https://www.surflifesavingsa.com.au/privacy-policy>; and
4. 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 Date	Initials Date	Initials Date