



# WAIVER

## Semaphore SLSC - Come and Try



**\*\*PLEASE READ CAREFULLY\*\***

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ MOBILE: \_\_\_\_\_

Has the participant experienced swimming in an open water environment: YES (Distance? \_\_\_\_\_ ) NO

Can the participant swim competently in a swimming pool: 25M 50M NO

Age Group

### Health Details

- Does the participant have any medical condition/s or health problem? ☐ YES ☐ NO

If "YES", please provide details of the medical condition or health problem below or attach to this form.

Medical condition/health problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If a medical emergency could occur, please provide any further relevant information?

Precautions to avoid emergency \_\_\_\_\_

How to recognise emergency \_\_\_\_\_

Emergency treatment required \_\_\_\_\_

- Does the participant take any prescribed medication (including inhalers)? ☐ YES ☐ NO

If "YES", please provide details of the medication

Please name any prescribed medication (including inhalers) taken by your child

Medication Name \_\_\_\_\_ Dose \_\_\_\_\_

When Taken \_\_\_\_\_

How Taken \_\_\_\_\_

Any side effects \_\_\_\_\_

- Is this medication required to be brought to Nipper Training? YES NO

If **YES**, then a parent must be in attendance to administer the medication.

(Strike out whichever is not applicable)

- ▶ I have completed the SLSSA on-line membership which has yet to be accepted by the Club
- ▶ I wish to participate in up to a maximum of three (3) Come and Try days commencing from the date specified above.

### Please Read Carefully

#### By signing on behalf of my child, I:

- (a) 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;
- (b) agree that I/my child(ren) are not covered by any Personal Accident Injury Insurance whilst participating in surf life saving activities conducted by the club;
- (c) 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; and
- (d) 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. By providing yours and your child's personal information to SLSSA, you consent to its use, storage and disclosure in accordance with SLSSA Privacy Policy (available at [www.sls.com.au](http://www.sls.com.au)).

WARNING: SLS Activities can be inherently dangerous. I acknowledge that I or my child is exposed to certain risks during SLS Activities including but not limited to physical exertion, contact with surf lifesaving equipment, body contact, surf, sea, tidal and weather conditions and exposure to potential or actual medical conditions, infections, and/or illnesses. I acknowledge that accidents can and often do happen which may result in me or my child being injured or even killed, or my or my child's property being damaged. I have voluntarily read and understood this warning and accept and assume for myself and for my child the inherent risks of my child participating in SLS Activities. SLS Activities means performing or participating in any capacity in any activity, event or function organised by an SLS Organisation.

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

\_\_\_\_\_  
(signature of parent or legal guardian)

\_\_\_\_\_  
(date)

### Come and Try Sign-Ins

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

### Office Use :

#### Come and Try Only

Details entered to Nipper App \_\_\_\_\_ Extreme Health issues reported to AGM \_\_\_\_\_

How to Join help doc issued (3rd Come & Try) \_\_\_\_\_

#### Membership Requested

Membership Request Raised \_\_\_\_\_ Correct Fee Received \_\_\_\_\_ Membership Request Approval \_\_\_\_\_

Add Medical Details to Member Record \_\_\_\_\_

Members Card Printed \_\_\_\_\_