



Come & Try Waiver

Please complete a waiver for each child participating.

Given Name: _____ Surname: _____
Parent/Guardian (over 18) Parent/Guardian (over 18)

Home Address: _____ Postcode: _____
Parent/Guardian (over 18)

Relationship to child: _____ Contact Phone Number: _____
Parent/Guardian (over 18) Parent/Guardian (over 18)

Email Address: _____

Given Name: _____ Surname: _____
Child (participating) Child (participating)

Date of Birth: _____ Do you have any health problems that may affect your
Child (participating)

participation? Please circle YES / NO. If Yes, please provide details: _____

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- 1) I agree that my child listed above will participate in 1 or 2 Come and Try day/s to ascertain whether I would be interested in pursuing a membership.
 - 2) 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 any person(s) whatsoever involved in any Surf Life Saving SA activities, events or functions conducted on behalf of the Grange Surf Life Saving 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 SA, whether or not such act or omission by such aforesaid lifesaving personnel is either negligent or reckless.
 - 3) I acknowledge that participating in a SLSSA event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include but, are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials; lack of hydration, weather, and/or other natural conditions.
 - 4) I hereby give my consent for the appointed volunteers, coaches and other officials of Surf Life Saving SA to provide first aid and if necessary contact the ambulance service in any case that I am 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 SA or any allied association such as Grange Surf Life Saving Club.
 - 5) I the undersigned give permission to Surf Life Saving SA/Grange Surf Life Saving Club to use audio and/or visual image(s) & likeness(es) of me and my child listed on this form to be taken as part of Surf Life Saving SA activities for promotion, publicity and records. I acknowledge that the audio-visual information may be used in printed materials, media, etc. to further promote surf life saving activities in general.

Please note: that any incorrect information in this waiver and my registration application may result in an insurance claim being invalidated.

I, the undersigned, have read and understood the contents of this form on behalf of my child:

Parent/Guardian Name: _____ Signature: _____ Date: _____