

**PARTICIPANT DECLARATION (waiver form) – 29 & 30 SEPTEMBER 2018**

“BACCT” means Bermagui Area Chamber of Commerce and Tourism Incorporated and, where the context so permits, its respective directors, members and agents.

“Activity” means participating in ‘Tai Chi’ and/or ‘Pilates’ and/or ‘Yoga’ and/or “Sunrise Scenic Brisk Walk” and/or “Bike Ride”. **Please circle activity/ies.**

The participant acknowledges and agrees that the Activity organised or conducted by BACCT may have inherent dangers and risks, including risk of injury or death to the participant.

The participant further acknowledges and agrees that due to the nature of the Activity, it would be unreasonable for BACCT to be in any way responsible for any injury to or death of the participant and the participant hereby, to the full extent permitted by law, waives all of his or her legal rights of action against and fully releases BACCT for loss, damages, injury or death howsoever arising out of or in relation to the participation by the participant in the Activity conducted or organised by BACCT including without limitation, liability for any negligent or tortious act or omission, breach of duty, breach of contract or breach of statutory duty on the part of BACCT, its office bearers, directors members or agents.

The participant further acknowledges and agrees that he or she has undertaken the Activity freely, voluntarily and absolutely at his or her own risk and with a full appreciation of the nature and extent of all risks involved in the Activity. This waiver shall bind the participant and his or her executors.

**Fitness to Participate:** I declare that I am medically and physically fit and able to participate in the Activity. I will immediately notify BACCT in writing of any change to my medical condition, fitness or ability to participate prior to participating in the Activity. I understand and accept that BACCT will continue to rely upon this declaration as evidence of my fitness and ability to participate.

**Medical Treatment:** I consent to receiving any medical treatment that the BACCT reasonably considers necessary or desirable for me during my participation in the Activity. I also agree to reimburse the relevant BACCT for any costs or expenses incurred in providing me with medical treatment.

**Right to Use Image:** I acknowledge and consent to photographs and electronic images being taken of me during my participation in any Activity. I acknowledge and agree that such photographs and electronic images are owned by BACCT and it may use the photographs for promotional or other purposes without my further consent being necessary.

I have read and understand this waiver of my legal rights, declaration, consent and acknowledgement.

..... Name of participant	..... Email	
..... Address of participant	..... Suburb	..... Postcode
..... Signature	..... Witness	..... Date

**WHERE YOU ARE UNDER 18 YEARS OF AGE**

The following declaration must be signed by your parent or legal guardian:

I authorise and consent to the applicant undertaking the Activity expressly agree to be responsible for the applicant's behaviour and agree to accept in my capacity as parent or guardian, the terms set out in this participant declaration, consent and acknowledgement, including the provision by me of the waiver in the terms set out above.

..... Name of Parent/Guardian	..... Signature of Parent/Gardian
----------------------------------	--------------------------------------