



May 2017 – Awaba St & Balmoral Beach, Mosman

TRAINING SESSIONS

HEALTH WAIVER FORM

ENTRANT DETAILS (PLEASE USE A SEPARATE FORM FOR EACH ENTRANT – PRINT IN BLOCK LETTERS)

First Name: _____ Surname: _____

Gender: ☐ Male ☐ Female

DOB (DD/MM/YYYY): _____ / _____ / _____

Address: _____ P'code: _____

Phone: _____

Email: _____

Any Medical Conditions: _____

Contact in case of emergency: Name: _____ Phone: _____

TRAINING SESSIONS

☐ Sunday 14 May

☐ Sunday 21 May

PARTICIPANT'S AGREEMENT: I, the undersigned, in consideration of and as a condition of acceptance of my entry in Balmoral Burn Training Sessions for myself, my heirs, executors and administrators hereby waive, release, discharge and indemnify the Humpty Dumpty Foundation and Scott Gooding Project and its officers and agents in relation to any claim, right or causes of action, which I or they might otherwise have for or arising out of:

(i) Loss of life or injury, damage of any description whatsoever, which I will suffer or sustain in the course of or consequent upon my entry or participation in the said event

(ii) Any publication of name/s or image/s resulting from participation in the said event, whether for (pre or post) advertising or otherwise. I declare that I have sufficiently trained for this event and that I am not aware of any illness, injury or any other physical disability or impairment which may cause me injury or death while participating in the event.

I acknowledge that my registration and participation in the Balmoral Burn Training Sessions is governed by the Privacy Policy of the Humpty Dumpty Foundation as located on the Humpty Dumpty Foundation website. This waiver, release or discharge shall be and operate in favour of all persons, corporations, schools and bodies involved or otherwise engaged in promoting or staging the event and the servants, agents, representatives and offices of all or any of them and includes, but is not limited to, The Humpty Dumpty Foundation and Scott Gooding Project and their representatives; NSW Police, Mosman Municipal Council, State Emergency Services, officials, marshals and shall operate whether or not the loss, injury or damage is attributed to the act or neglect of any or more of them. I agree to follow and obey any direction given to me for on behalf of the Humpty Dumpty Foundation and Scott Gooding Project. I declare that the information supplied by me on this entry form is true & correct.

Signed: _____

OR (If entrant under 18)

Parent/Guardian Signature: _____

Date: _____

Date: _____