



## HEALTH DECLARATION & REGISTRATION FORM

PARTICIPANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

CONTACT NUMBER (PARENTAL/GUARDIAN CONTACT IF UNDER 18): \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME AND NUMBER: \_\_\_\_\_

Geology Rocks Adventure Tourism delivers programs which incorporate a variety of activities (Rock Climbing, Hiking, Camping, Zip Lines, Educational Field trips, Teambuilding, Bush craft), all of which carry an inherent risk. Geology Rocks Adventure Tourism will minimize that risk as much as possible and in accordance with industry standards, but each participant must also act in a manner that does not increase that risk. By signing this form you state that you accept the inherent risk associated with these activities. You must choose the level of your participation based on your abilities and it is essential that you discuss, in confidence, any relevant medical history with the Instructor, who can refuse you participation if they deem the situation warrants it.

### **MEDICAL INFORMATION**

Do you have a medical condition? Yes ☐ No ☐ (If yes, discuss in confidence with your Instructor)  
Dietary Requirements Yes ☐ No ☐ (If yes, discuss in confidence with your Instructor)

### **MEDICAL CONDITIONS**

Asthma ☐ Epilepsy ☐ Diabetes ☐ Recent Injuries – Sprains/Strains/ Breaks ☐ Heart conditions ☐

Back Problems ☐ Pregnancy ☐ Allergies (Inc nuts) ☐ Mental/physical disability ☐

Other (please describe below) ☐

PLEASE SPECIFY ANY MEDICAL OR DIETARY CONDITIONS / REQUIREMENTS:

### **PHOTOGRAPHS**

During events we often take photographs as a reminder of the great day you have had with us. These may subsequently be used for marketing purposes.

DO YOU CONSENT TO PHOTOGRAPHS BEING TAKEN AND POSSIBLY USED FOR MARKETING PURPOSES? YES ☐ NO ☐

### **ACCEPTANCE OF RESPONSIBILITY & PARENTAL APPROVAL**

I understand the inherent risk involved in outdoor activities and in the event of an emergency, consent is hereby given to the Instructor to provide first aid and/or seek emergency medical care or hospitalization, as appropriate. It is a condition of participation that minors under 18 must have parental approval.

PARTICIPANT (OVER 18) / PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_