

# MEDICAL DECLARATION



- All persons aged 18 years and over must complete an individual form
- Two children under 18 years may be included on each adult form
- Participants under 18 **unaccompanied** by an adult must complete child sections and the form must be signed by a parent or guardian aged 18 years or over

|       |                    |      |              |        |                                 |                               |
|-------|--------------------|------|--------------|--------|---------------------------------|-------------------------------|
| ADULT | Given name(s):     |      | Family name: |        |                                 |                               |
|       | Date of birth: / / | Age: | Weight:      | kg/lbs | <input type="checkbox"/> Female | <input type="checkbox"/> Male |

|                       |                    |
|-----------------------|--------------------|
| Home Address:         |                    |
| Country of Residence: | Contact telephone: |

|         |                    |      |              |        |                                 |                               |
|---------|--------------------|------|--------------|--------|---------------------------------|-------------------------------|
| CHILD 1 | Given name(s):     |      | Family name: |        |                                 |                               |
|         | Date of birth: / / | Age: | Weight:      | kg/lbs | <input type="checkbox"/> Female | <input type="checkbox"/> Male |

|         |                    |      |              |        |                                 |                               |
|---------|--------------------|------|--------------|--------|---------------------------------|-------------------------------|
| CHILD 2 | Given name(s):     |      | Family name: |        |                                 |                               |
|         | Date of birth: / / | Age: | Weight:      | kg/lbs | <input type="checkbox"/> Female | <input type="checkbox"/> Male |

| Have you suffered from or do you now suffer from any of the following:   | ADULT |    | CHILD 1 |    | CHILD 2 |    |
|--|-------|----|---------|----|---------|----|
|  | YES   | NO | YES     | NO | YES     | NO |
| Asthma or wheezing   |       |    |         |    |         |    |
| Brain, spinal chord or nervous disorder  |       |    |         |    |         |    |
| Diabetes mellitus (sugar diabetes)   |       |    |         |    |         |    |
| Epilepsy   |       |    |         |    |         |    |
| Fainting, seizures or blackouts  |       |    |         |    |         |    |
| Heart disease of any kind  |       |    |         |    |         |    |
| Breathlessness   |       |    |         |    |         |    |
| High blood pressure  |       |    |         |    |         |    |
| Allergies (insect bites, pollen etc)   |       |    |         |    |         |    |
| <i>If yes – what?</i>  |       |    |         |    |         |    |
| Restriction of movement  |       |    |         |    |         |    |
| <i>If yes – what?</i>  |       |    |         |    |         |    |
| Other illness or operation within the last 30 days   |       |    |         |    |         |    |
| <i>If yes – what?</i>  |       |    |         |    |         |    |
| Are you currently taking any medicine or drug? (excluding oral contraception)  |       |    |         |    |         |    |
| <i>If yes – please name medication:<br/>Condition being treated:</i>   |       |    |         |    |         |    |
| Have you ingested alcohol within the last 8 hours?   |       |    |         |    |         |    |
| Are you pregnant?  |       |    |         |    |         |    |
| Do you understand that concealment of any condition incompatible with safe jungle surfing might put your life at risk? |       |    |         |    |         |    |

**How did you hear about Jungle Surfing?** (please circle)

Advert / Brochure / Friend / Internet / Social Media / Travel Agent / TripAdvisor / Tour Desk / TV

**Signature Of Adult Participant:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

|  |            |
|--|------------|
| <b>ADULT PARENT/GUARDIAN SIGNING FOR UNACCOMPANIED MINOR(S):</b> |            |
| Full Name:   | Signature: |

# JUNGLE SURFING CANOPY TOURS

## WAIVER AND RELEASE

In consideration of the acceptance of my offer to participate in some or all of the recreational services described herein, I have read, understood, approved and agree to the following provisions. In this waiver and release, the expression "recreational services" means guided bush walking and hiking, flying fox, abseiling, rope activities and rock climbing, and any other recreational services conducted by *Jungle Surfing Canopy Tours* from time to time. References to *Jungle Surfing Canopy Tours* include the officers, employees, agents and contractors of Keydane Pty Ltd A.C.N. 070 041 468. This waiver and release applies to all recreational services which I participate in, whether past, present or future.

1. I accept that adventure activities carry with them a degree of risk. I acknowledge that under the *Civil Liability Act 2003*: a person is not liable in negligence for harm suffered by another person as a result of the materialization on an inherent risk; and a person is not liable in negligence for harm suffered by another person as a result of the materialization of an obvious risk of a dangerous recreational activity engaged in by a person suffering harm. I expressly agree to assume the risk of personal injury to myself and to persons for whom I am responsible for supervision and care, while participating in the adventure activities.

\_\_\_\_\_ initials

2. Pursuant to Section 139A of the *Competition and Consumer Act 2010*, I agree that the guarantee given (in Section 64 Part 3-2 Subdivision C in Schedule 2 under the Australian Consumer Law provisions) is excluded with respect to the supply of recreational services, but the exclusion is limited to liability for:

- a) death; or
- b) a physical or mental injury of an individual (including the aggravation, acceleration or recurrence of such an injury of the individual); or
- c) the contraction, aggravation or acceleration of a disease of an individual; or
- d) the coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs in relation to an individual:
  - i) that is or may be harmful or disadvantageous to the individual or community; or
  - ii) that may result in harm or disadvantage to the individual or community.

\_\_\_\_\_ initials

3. I indemnify *Jungle Surfing Canopy Tours* against all claims, losses or expenses that may be made by any person for whom I am responsible for supervision and care as well as persons who may make such claims on my behalf.

\_\_\_\_\_ initials

4. I am over the age of consent (being 18 years of age), or I am permitted to undertake the adventure activities by a parent or guardian who is over the age of consent, who has signed this waiver and release on my behalf.

\_\_\_\_\_ initials

5. Either, I have no condition or injury that could be affected by the recreational services, or, I acknowledge that *Jungle Surfing Canopy Tours* is not responsible for aggravation to any existing medical condition, whether or not I have disclosed it.

\_\_\_\_\_ initials

6. I consent to any medical treatment which may be considered necessary by *Jungle Surfing Canopy Tours* in the event of injury or illness during the course of undertaking adventure activities and I agree to indemnify *Jungle Surfing Canopy Tours* in respect of the cost of the medical treatment.

\_\_\_\_\_ initials

7. I agree that any films, sound or other recording of my adventure activities will not be used in any promotion or advertising without prior written consent of *Jungle Surfing Canopy Tours* which may use such films, sound or other recordings as it deems fit without my consent.

\_\_\_\_\_ initials

8. I agree that this waiver and release is a Deed which is governed by the laws of Queensland and the Commonwealth of Australia.

\_\_\_\_\_ initials

|                                       |                |                |
|---------------------------------------|----------------|----------------|
| Date:                                 |                |                |
| Name of Adult Participant:            |                |                |
| Signature of Adult Participant:       |                |                |
| Name of Child Participant 1:          |                |                |
| Name of Child Participant 2:          |                |                |
| <b>JSCT Employee (&amp; witness):</b> |                |                |
| <b>Office Use Only – Harness #</b>    |                |                |
| <b>Adult</b>                          | <b>Child 1</b> | <b>Child 2</b> |
|                                       |                |                |