

2016/2017 EVENT SEASON

FITNESS PADDLERS AUSTRALIA Pty Ltd (FPA) & FITNESSLIFESTYLE Pty Ltd WAIVER CONDITIONS

I, (**Participant**) wish to participate in one or more paddling events (each known as an **Event**) conducted, sponsored or endorsed (whether officially or unofficially, by Fitness Paddlers Australia P/L (FPA) and/or FitnessLifestyle Pty Ltd known as **The Organisers**) on any ocean, river lake or other body of water.

I have read and accept the conditions set out in the **Notice to Participants** (a copy of which is listed below) and I acknowledge that each Event involves a range of risks (not limited to the risks identified by the Organisers), including the risk of serious personal injury to me and that each Event could not be held unless all participants are willing to accept full responsibility for the consequences of these risks.

Therefore, and in consideration of the Organisers accepting me as a participant in any such Event, for myself, my heirs, successors, executors and administrators, I hereby:

(a) acknowledge that my participation in any Event is entirely at my own risk;

(b) waive, release and discharge Fitness Paddlers Australia Pty Ltd (FPA), FitnessLifestyle Pty Ltd, Officials, Organisers and Volunteers, and all other participants (or any one or more of them and their respective heirs, successors, executors and administrators) (collectively **The Releasees**) from all claims and demands whatsoever, including any claim for loss or damages caused by negligence of any of them arising out of the conduct or otherwise of any Event (including failure to warn of any particular risk), or arising from any act or omission before, during or after an Event, including any claim for reimbursement of any costs or expenses (including, but not limited to, legal, medical, hospital, and rehabilitation expenses) that may be incurred by me or anybody on my behalf (collectively **Claims**);

(c) agree to indemnify and hold harmless the Releasees and each of them against all Claims that I or anybody on my behalf may make against the Releasees or any of them; and

(d) accept full responsibility for my personal possessions before, during and after an **Event**;

(e) agree that Fitness Paddlers Australia P/L (FPA) and FitnessLifestyle Pty Ltd may publish or use any photographs of me or any member of my family taken at any Event in any publications, promotions or records, on website or in such other manner as may from time to time be decided without my prior approval or consultation with me.

Signed : _____ Date : _____

Print Name : _____

Witness : _____

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FITNESS PADDLERS AUSTRALIA Pty Ltd (FPA) & FITNESSLIFESTYLE Pty Ltd NOTICE TO PARTICIPANTS - PARTICIPATE AT YOUR OWN RISK

1. Events officially or unofficially conducted, sponsored or endorsed by Fitness Paddlers Australia P/L (FPA) and/or FitnessLifestyle Pty Ltd is at your own risk. Fitness Paddlers Australia P/L (FPA) and/or FitnessLifestyle Pty Ltd does not take any responsibility for your safety or health during any event in which you participate.
2. You must be a competent paddler and/or athlete, able to 'self rescue' and be of reasonable health and fitness, in order to participate in any event.
Any person suffering from any medical condition must consult his/her medical adviser and follow such advice regarding participating in any event.
Any person under the influence of or affected by alcohol, drugs, medication or other substances must not participate in any event.
3. No lifesaver, medical attendant, patrol boat, emergency assistance, first aid or other facilities is or may be present or available to assist participants in any such event.
4. Competitive open water paddling and kayaking can be a dangerous recreational activity.

Each such activity has obvious risks and particular risks of harm, including but not limited to:

- * Drowning, hypothermia or sunburn;
- * Shark attack or injury from other dangerous marine life;
- * You may be allergic to stingers, bluebottles, etc;
- * Polluted or contaminated water can cause sickness/infection;
- * Heavy seas and dangerous water conditions can cause injury/loss of life;
- * Collision or physical contact with other paddlers, buoys, boats or other objects can cause injury;
- * You could suffer a heart attack, epileptic fit, collapse, severe cramp, etc;
- * Lightning might strike during an event;
- * Submerged rocks or other hidden objects can cause injury;
- * Bare feet can be injured whilst launching your boat;
- * You could be run down by a power boat, yacht, ferry, ship or other such water craft;
- * You could be washed onto rocks or capsized by wave action and hit your head;
- * You could be hit by another paddler causing cuts or abrasions.

5. Whilst all participants in events enter at their own risk, nevertheless every participant should exercise care and courtesy to avoid accidents, collisions with or injury to other participants. It shall be the sole decision of each participant whether to take part or continue to participate in an event.
6. Events are intended to be good fun, promote wellbeing and fitness, and comradeship. Participants should enjoy themselves, but not at the expense of other participants.
7. To participate in any event, a participant must be eighteen (18) years of age or more and have accepted and signed an adult Waiver Form. If a participant is under the age of eighteen (18) before participating in an event, the participants parents or guardian together with the participant must sign a Consent and Waiver Form for a minor.
8. The final decision as to whether to participate in any event rests with each individual alone, who takes full responsibility for any consequences arising out of any such action.

9. The participant understands and accepts that in agreeing to participate in an event and in agreeing to the conditions referred to in this document their legal rights will be effected.

Signed : _____ Date : _____

Print Name : _____ FPA BOAT NO.: _____

Witness : _____

FITNESS PADDLERS AUSTRALIA EVENTS - MEDICAL INFORMATION FORM 2016/2017 EVENT SEASON

NAME: Surname: Given / Preferred Name:

HOME ADDRESS:

Suburb/Town: State: Postcode:

CONTACT: Telephone: Home or Business (please circle) Mobile:

PERSONAL: Date of Birth:/...../..... Age at Race Gender: Male Female

Medicare Number:

Private Health Insurance: Private Health Ins Number:

Ancillary Benefits Cover: YES / NO (please circle) Ambulance Ins Number:

EMERGENCY USE: Details of a person who can be contacted during the Fitness Paddlers Australia Events.

NAME: Relationship:

ADDRESS:

Suburb: Postcode:

Contact Phone: Mobile:

MEDICAL CONTACTS:

Name and address of family doctor or clinic: Phone:

Name and address of any relevant specialist: Phone:

HEALTH STATEMENT		
Each paddler shall disclose any chronic or recurrent ailment, allergy or physical incapacity suffered for the purpose of medical support staff preparedness.		
A Does the paddler suffer from any physical or other disabilities?	YES / NO	If YES, please specify:
B Does the paddler suffer from: Asthma? Severe / Mild Diabetes? Type 1 / Type 2 Seizures or Convulsion? Severe / Mild Dizzy spells or Blackouts? Heart Disease? High Blood Pressure?	YES / NO YES / NO YES / NO YES / NO YES / NO YES / NO	Explanation / Medication:
C Does the paddler have any known allergies? i.e. Penicillin, bee stings, insects, hay fever, food (including nuts), drug , other environment related allergy.	YES / NO	If YES, please specify:
D Does the paddler carry with them any medications while paddling? i.e. injection/tablet/capsule, Insulin, Ventolin, other Drugs.	YES / NO	Name of Drug: Dosage: Reason or Cause: How Often Administered: Administered by Whom:
E Is there any further information you may consider necessary, about which we have not asked above and of which we should be aware? (include hospital admissions and operations)	YES / NO	If YES, please specify:
F Details of last Anti-Tetanus Injection?		Year of Last Booster injection:

I hereby **Authorise** the **Race Director** of the Fitness Paddlers Australia Events, in circumstances where it is not possible or it is impracticable to communicate with me, to seek for me or the person named on this form, such Surgical, Medical or Dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be necessary (including the transfusion of blood) and I hereby **Consent** to such treatment.

Signed: (to be signed by Parent or Guardian for paddlers under 18 years of age) **Date:**

Please complete a separate medical declaration form for each paddler entered (photocopy extra forms as required). Fold into thirds and seal with tape or a staple. Bring the form with you at your first event. No paddler is entitled to start in the named events without having first submitted this form completed. This important information that shall be treated as CONFIDENTIAL and will remain with the event director for the duration of the events. All medical information will be destroyed after the events.

Please fold in thirds with this side out and secure at top with tape or staple

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Confidential Medical Information

Boat Number

Paddlers Name:

Please fold in thirds with this side out and secure at top with tape or staple

PLEASE NOTE

All Paddlers MUST complete a Medical History form before your entry will be accepted.