

<b>Title:</b>	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	
<b>Participant Name(s):</b>		
<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
<b>Are you Aboriginal or Torres Strait Islander?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	
<b>Do you have a disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is English your first language?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - Please provide:		
<b>Date of Birth</b>	/	/
<b>Address:</b>		
<b>Suburb:</b>		
<b>Postcode:</b>	<b>State:</b>	
<b>Telephone number/s:</b>	(H)	
(W)	(M)	
<b>Email:</b>		
<b>How did you hear about this program:</b>		

### List of Activities Requesting to Attend

Activity Title:	Dates:	Fees:
<b>Total:</b>		

## Medical Awareness

Do you have any medical conditions that may affect involvement in activities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any auto injection device (e.g. EpiPen) for a diagnosed risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there anything you need to make City of Albany aware of about yourself?	

## Emergency Contact 1

Relationship:			
Full Name:			
Home Number:		Work Number:	
Mobile Number:			

# DECLARATION:

### Warning of potential harm and assumption of risk

Whilst all reasonable care may be taken by the ALAC to ensure safe equipment, facilities and provision of service, I am aware that participation in physical activity/ exercise is inherently dangerous and there is an inherent risk of injury or ill health resulting from the use of the ALAC facilities and services. Injuries or illnesses may be serious and include but are not limited to muscular strains, ligament and tendons sprains, bone fracture, neck and spinal damage, heart attack, stroke or death or psychological illness.

I understand these injury or illnesses may impact my future abilities to earn a living, engage in other business, social and recreational activities and generally enjoy life.

**I UNDERSTAND and APPRECIATE these inherent risks and AGREE to ASSUME RESPONSIBILITY for these risks.**

### 3. Waiver of negligence

In consideration of these risks and potential for serious injury, I hereby WAIVE on behalf of myself, my spouse, heirs and executors hereafter, LIABILITY against the ALAC, its employees, volunteers and agents from ANY AND ALL CLAIMS in the event of injury, illness or adverse change in my medical condition or state of health (whether permanent or temporary) which may occur directly or indirectly from my use of the Facilities or service provided, including but not limited to use of equipment (whether supervised by ALAC staff or not) change rooms, access ways and car park and any advice or assistance provided by ALAC employees, volunteers or agents. I UNDERSTAND this includes any injury, illnesses or conditions brought about by the failure to provide facilities with due care and skill. This waiver excludes any liability for loss or damage caused directly or indirectly by RECKLESS NEGLIGENT ACT OR OMISSION of the ALAC, its employees or agents.

### 4. Indemnification and release

I agree to indemnify, release and hold harmless the ALAC, its employees, volunteers and agents from any and all liability for any costs that may occur, including but not limited to medical treatment, emergency transportation, legal costs, court costs or investigation costs resulting from my use of the ALAC facilities and services. I understand this includes any injury, illness or damage that arises as a result of the actions or inactions of other users of equipment, facilities or services and any activity conducted away from the ALAC facility.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE ONLY

Staff sighted a concession card:  Yes  No