

## Participant Waiver Form

**Activity:** \_\_\_\_\_

**Summary of Risks Involved:**

Injury, damage or loss resulting from:

I, \_\_\_\_\_ (full name),

Acknowledge and agree to the following:

1. That the activity outlined above may involve some risks and/or dangers which could include physical injury that may result in permanent disability or death, and economic loss or damage.
2. I acknowledge that the Inala Community House has informed me of the potential risks.
3. I have/will carefully take into consideration the risk/s involved, before participating in activities offered.
4. I will always act in a careful and responsible manner to ensure my own safety and minimise the risk to others.
5. I will only participate in this activity to the extent that it is safe to do so (as appropriate to my knowledge, health, fitness or ability). Where appropriate, I agree that I have consulted a relevant medical practitioner to ensure that it is safe to participate in this activity.
6. I will follow the reasonable instructions of Inala Community House's agents.
7. I acknowledge that this waiver continues in operation whenever I participate in the activity above.
8. I acknowledge that Inala Community House can prevent me from undertaking this activity if it is judged that there is a risk of harm to myself or anyone else.
9. I acknowledge that the activity may be undertaken with one or more other persons as part of a group and that Inala Community House is not liable for the actions of other participants in the activity.
10. ICH takes no responsibility for loss or damage to property.
11. I agree that should I choose to participate in the activities offered it will be entirely at my own risk. I release and indemnify Inala Community House and its agents from any liability, claim or damages as a result of any injury, damage or loss sustained during activities.

By signing this form, I acknowledge that I have read and understood the information above and am aware of the inherent risks in this activity and agree to participate.

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

For participants under the age of 18 years old, the parent or legal guardian must sign below.

Name: \_\_\_\_\_

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