



SURF COACHING®

APPLICANT DETAILS

APPLICANT NAME:

ADDRESS:

..... POSTCODE:

PHONE: MOBILE:

DATE OF BIRTH:

ANY ALLERGIES? YES/NO If yes, please provide details

OTHER MEDICAL CONDITIONS? YES/NO If yes, please provide detail

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PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

NAME:

RELATIONSHIP TO APPLICANT:

CONTACT PHONE:

I, the participant, agree that the Providers are to be free and clear of all responsibility whatsoever for any accident or illness during my activities connected with this enrolment unless negligence is proven.

I further authorise Neptunes Surf Coaching coaches and staff to obtain such medical assistance as is considered required, and agree to meet any expense thereto.

I am in good health and have no medical conditions which would hamper my ability to learn how to surf and I am a proficient swimmer. I understand that this exercise can be a dangerous activity and I am aware of and accept the risks of participating.

Applicant Signature..... Date

Guardian Consent (for all persons under 18 years):

I am the parent or legal guardian of the applicant and hereby certify and agree that all the information contained in the Applicant's declaration above is true and accurate. I authorise and consent to the Applicant's participation in the above course and expressly agree to be responsible for the applicant's behaviour. I agree to be independently bound by all of the terms of enrolment as set out on this form.

Parent/Guardian Signature..... Date

OPTIONAL: HOW DID YOU HEAR ABOUT NEPTUNES?

- Word of Mouth Saw on the Beach Brochure/Poster Tourist/Visitor Guide
- Internet Newspaper Ad Other

TERMS AND CONDITIONS

I, the Applicant, in consideration of Mark Harris agreeing to allow me to participate in surf coaching classes provided by him hereby acknowledge, understand and agree that:

1. I am aware that surfing is an inherently dangerous activity, such dangers including the risk of injury or death or damage to my property and in undertaking such activities I do so at my own risk.
2. I do not suffer from any medical conditions which would materially increase the risk of me becoming injured or ill during the surf lessons and that I am a proficient swimmer.
3. I authorise Mark Harris to arrange any emergency medical or hospital treatment (including ambulance transportation) for me which he considers necessary and agree to indemnify Mark Harris for all costs and expenses associated with such treatment or transportation.
4. I acknowledge that where I am a consumer of recreational services as defined by any relevant law certain terms and rights usually implied into a contract for the supply of goods and services may be excluded. I acknowledge that these implied terms and rights and any liability of Mark Harris flowing from them are hereby expressly excluded to the extent permissible by law. To the extent of any liability arising, the liability of Mark Harris will (at his discretion) be limited to the resupply of the surf lesson of payment of the cost of having the surf lesson resupplied.
5. To the extent permitted by law I hereby release and forever discharge Mark Harris from all liability and claims I may have or may have had but for this release arising from or in connection with my participation in the surfing lessons.
6. I hereby indemnify and hold harmless Mark Harris to the extent permitted by law in respect of any claim by any person including but not limited to any other participant in the surfing lessons arising from or as a result of or in connection with my participation in the surfing lessons.
7. If it is held by a Court of competent jurisdiction that:
 - a. Any part of this document void, voidable, illegal or unenforceable; or
 - b. This document would be void, voidable, illegal or unenforceable unless any part was severedThen that part will be severable from and will not affect or derogate from the enforceability of the obligations arising from, or the continued operation of, the remainder of this agreement.
8. The law of this agreement is the law of the State of South Australia.

Signature..... Date.....

Parent/Guardian Signature..... Date.....