

Trekfa Adventure

P.O. Box 3121
ASQUITH NSW 2077
Tel: 0400 TREKFA



Escape your inner self and take a trek of discovery

MSPFORM100903

Please fill in all details and post with prescribed subscription to: Trekfa Adventure P.O. Box 3121 ASQUITH NSW 2077.

Membership Application Form (information provided is strictly confidential)

First Name: Last Name:

Address: Vehicle Rego:

Suburb: Post Code: Date of Birth:

Home Phone: Mobile:

Work Phone: Email:

Date Joined: (MSP Start Date) Occupation:

Postal Address: Post Code:

If different from residential address

Medical Information

Emergency Contact: Relation:

Emergency Phone(s):

Doctor Name: Doctor Phone(s):

Medical History:

Include information that may impair your ability to participate safely in high impact activities. Please include a separate sheet if necessary

DECLARATION

RECREATIONAL ACTIVITY - PARTICIPANT WAIVER OF LIABILITY

- I acknowledge that participation in any recreational activity can be potentially dangerous and that accidents causing death, physical injury, disability and property damage may happen during such participation.
- I hereby attest that I have discussed this matter with my spouse or partner, if any, and he/she is fully aware of and accepts the commitment I am making. I have disclosed, to Trekfa Adventure personnel, any pre-existing medical or other condition that may affect my safety, or the safety of any other person participating with me.
- I acknowledge and agree, as a condition of my participation, that I am fully responsible for my own safety. I agree to release Trekfa Adventure, being the promoter/organiser of the event and their employees, officers, sub-contractors and agents from any liability for my death or any bodily injury, property loss or damage which may be sustained or incurred by me, as a direct, or indirect result of my participation in, or being present, at the recreational activity. I acknowledge that negligence, on my part, is not covered under the terms and conditions of the insurance policy carried by Trekfa Adventure.
- I agree to comply with all rules and directions made, or given, by the Trekfa Adventure personnel in connection with the activity. I understand that, if I fail to comply with such, I will not be permitted to continue as a participant in the activity and no refund will be given.
- I agree to report all accidents, injuries or loss or damage sustained by me, to Trekfa Adventure personnel, before I leave the site at which the activity is performed. I agree that, if I suffer any injury or illness, Trekfa Adventure may provide, or arrange evacuation, first aid and medical treatment at my risk and expense. Should any injury, illness, property loss or damage develop after the conclusion of the event, that can be directly related to my participation, such will be covered by this waiver.
- I acknowledge that I am over the age of eighteen (18) years, have carefully read this agreement releasing the above named from liability, that I fully understand the terms and conditions of this agreement and that I sign it voluntarily and without inducement, assurance or guarantee of any kind whatsoever, influencing my decision to agree to this Waiver of Liability.

.....
Signed: Participant's signature Date

.....
Signed: Witness' signature Date

.....
Please Print: Witness' full name

Office Use Only	
PROV	\$
ORDN	\$
OTHER	\$
MSP#	:
REMARKS:	

NOTE: All members are strongly advised to take out Medical Insurance and Ambulance Cover prior to participating in any of our activities together with Travel Insurance for all activities that require travel and or accommodation expenses.