



Acceptance of Risk

Please read the following document carefully and understand it thoroughly before signing.

To Pioneer Kayaking Pty Ltd (PK): I declare that I have not withheld any information or material in determining my ability to participate in my tour. In consideration of PK accepting my application for the tour, I agree to this release of claims, waiver of liability and assumption of risks (collectively this agreement). I waive any and all claims I may now and in the future have against, release from all liability and agree not to sue PK, its officers, employees, guides, agents or representatives (collectively its staff) or the Licensor for any personal injury, death, property damage or loss sustained by me as a result of my participation in my tour with PK, its Licensor or the staff.

I understand risks are inherent in the very nature of sea kayaking tours and simply cannot be eliminated without jeopardising the essential qualities of the activity. I am aware that the risks may include, but are not limited to the following; the possibility of personal injury, death, property damage or loss resulting there from. I am aware that there may be additional dangers and risks including sudden changes or variations in weather conditions, unavailability of immediate emergency medical services and unanticipated levels of physical exertion.

I agree that if I suffer injury or illness PK may at my cost, arrange medical treatment and medical evacuation service as PK deems essential to my or the group's safety. In entering into this agreement, I am not relying on any oral, written or visual representations or statements by PK or its staff or any other inducement or coercion to go on the tour hence only of my free will.

I confirm that I am over 18 (eighteen) years and that I have read and understood this agreement and Terms and Conditions overleaf prior to signing it and agree that this agreement will be binding upon me, my heirs, next of kin, executors, administrators and successors. I agree that this agreement shall be governed in all respects by and interpreted in accordance with the law of Australia.

Signed:

Date:

Print Name:

This is to certify that I..... as a parent / guardian with legal responsibility for this participant:

.....D.O.B....., do consent and agree to his/her release as provided above of all the releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

Signed:

Date:

Medical Form

Do you have any of the following medical conditions? (Please circle)

ALLERGIES	YES	NO
PREGNANT	YES	NO
HEART CONDITION	YES	NO
EPILEPSY	YES	NO
DIABETES	YES	NO
ASTHMA	YES	NO

If you have answered yes to any of the above please provide further details below:

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Is the abovementioned condition likely to require any special attention, treatment or medication during the activity?

YES NO

If YES, please give details

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Emergency Contact Name:

Emergency Contact Number:

I DECLARE that the information which I have provided on this form is complete and correct.

Signed:

Date:

Print Name: