



OUTDOOR RE-CREATION
 PO Box 2269
 Kent Town SA 5071
 Ph: 08 8165 2022
 Fax: 08 8165 2011
 info@earthadventure.com.au
 www.earthadventure.com.au

ACKNOWLEDGMENT OF RISK
- CONDITIONS FOR ADULTS -

Warning – This is an important document which affects your legal rights and obligations, please read it carefully. If you have any questions please call the office on 8165 2022.

I, _____ acknowledge that **Earth Adventure** will provide me with access to a variety of activities which will be supervised by **Earth Adventure** (“the activities” as per the one booked into).

I acknowledge that these activities may have inherent danger or risk involved and I acknowledge responsibility for my involvement in these activities.

I acknowledge that during all such times whilst participating in the activities both my property and my person shall be at my own risk and I will not hold **Earth Adventure** liable for any personal injury or loss of property whatsoever and I agree to indemnify and keep indemnified **Earth Adventure** against all such injury or loss.

I agree that I will pay any repair or replacement costs for equipment that may be damaged by me.

I hereby authorise **Earth Adventure**, staff and consultants to obtain any necessary medical assistance for me should any medical problem or accident occur and I expressly agree to be responsible for all such medical expenses incurred.

I _____ give permission for **Earth Adventure** staff or consultants to administer to me medication as instructed if I am not able to self administer this medication. I acknowledge that I will provide all such medication to **Earth Adventure** in clearly labelled doses or original containers. Method of administration provided by **Earth Adventure** instructors is limited to oral and topical.

I _____ give permission for **Earth Adventure** staff or consultants to use any photos or video footage of myself taken while participating in the activities for use in brochures or other promotional material.

I _____ give permission in the case of an emergency, to be transported to hospital by Ambulance and I expressly agree to be responsible for all costs associated with such transport and hospital admission.

I _____ give permission for **Earth Adventure** staff or consultants to provide me with VENTOLIN, if required in an emergency by a trained Asthma first aid person.

Where I am participating in a reoccurring activity such as the Pathfinder walking program conducted by **Earth Adventure** I acknowledge that this document will apply to my participation in all of these events. **Earth Adventure** may store this document as record of this acknowledgement.

Signed:..... Name: Date: __/__/__

Witness: Name: Date: __/__/__

Please send me information about the Earth Adventure programs yes / no

(PEOPLE WILL BE SENT INFORMATION AS A DEFAULT RESPONSE IF A RESPONSE IS NOT INDICATED)

All personal information will be filed in accordance with the Privacy Act, 1988.