

ASQUITH MIXED PROBUS CLUB INC

Club No: 9003799

Inc No: 9890687

REGISTRATION FOR OUTINGS AND/OR TOURS

Participants Name: _____

Emergency contact in the event of accident or illness:

In case of illness or accident please contact

Name: _____ Relationship: _____

Tel: _____ Mobile: _____

Address: _____

Participant's declaration:

- I understand I am the person who is responsible for the state of my health and I undertake to do all is necessary so as not to place other participants under stress or duress or to put them in danger because of my health or behaviour.
- I hereby declare that I will ensure to the best of my knowledge I am fit to undertake the selected activities I attend.
- I hereby undertake to ascertain the nature of the activity prior to the departure and to advise the activity/tour leader immediately should the state of my health change.
- I hereby declare that I will only participate in activities where I am physically capable.
- I hereby undertake for each individual activity, to sign the attendance sheet, prior to departure, provided by the leader to acknowledge I am able to meet the conditions outlined in this declaration,

Privacy Statement:

Information provided by the participant will remain private and confidential within the Probus Club and shall only be used in case of emergency. This form is submitted at the time of payment of membership joining fee.

Signed _____

Date _____

Form No: