



Name of Participant: _____

Year of birth : _____

Post Code : _____

Are you eligible for a healthcare card? YES NO

Email : _____

Phone : _____

Where were you born?

Australia Overseas

If born overseas, how many years in total have you lived in Australia? _____ years

Gender:

Male Female Other Prefer not to say

Are you of Aboriginal or Torres Strait Islander origin?

No, not Aboriginal or Torres Strait Islander Yes, Aboriginal Yes, Torres Strait Islander Yes, Aboriginal and Torres Strait Islander Don't know/ Prefer not to say

Where is the rip in this image?

1 2 3 Unsure





Do you agree or disagree with the following statements

I feel confident in the water



I am confident to go surfing or SUPing



I feel confident in identifying dangers in the water



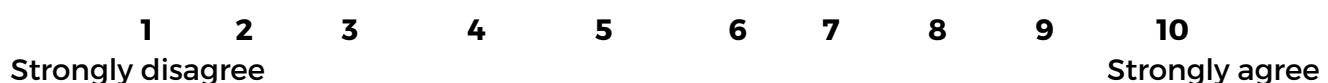
I know how to be safe in the water



I feel connected to my community



I am happy in my day to day life



MEDICAL INFORMATION:

Medical Condition: [] Y [] N: _____

Allergies [] Y [] N: _____

Current Medication[] Y [] N: _____



EMERGENCY CONTACT:

Name: _____ Relationship: _____
Phone: _____

Coronavirus Liability Release form:

Due to the 2019-2020 outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each participant, with their health history review, as well as with sanitation and disinfecting practices. **Please complete the following and check the box below.**

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing

I, agree to the following [] (PLEASE TICK TO CONFIRM)

- I understand the listed symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not travelled outside of the country, or to any city/town outside of our own that is or has been considered a "hot spot" for COVID-19 infections within the last 30 days.
- I affirm I have downloaded the COVID SAFE Australian Government app.
- I understand that Surfing Victoria, their staff and contractors cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each participant.

By submitting this form I agree to each above statement and release Surfing Victoria Staff and business from any and all liability for any unintentional exposure or harm due to COVID-19. Your instructor and all employees of Surfing Victoria agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

PARTICIPANT AGREEMENT

In consideration of the Organiser accepting my application to participate in Coasting: Stand Up Paddleboarding ("Program"), I acknowledge and agree that:

1. In this agreement:

"Claim" means and includes any action, suit, proceeding, claim, demand, cost or expense however arising including but not limited to negligence.

"Organiser" means and includes SA, SV, other SA affiliated state surfing associations and, where the context so permits, their respective directors, officers, members, servants, agents or contractors.

"SA" means Surfing Australia Incorporated.

"SV" means Surfing Victoria Incorporated.

2. If my application is accepted I will participate in the Program. I acknowledge my application will be deemed to be accepted upon my participation in the Program and I acknowledge that I will be bound by and agree to comply with the program rules, regulations and policies of the Organiser as they relate to the Program.

3. Warning: Surfing Activities can be inherently dangerous. I acknowledge that I am exposed to certain risks during my participation in the Program including but not limited to physical hazards, unpredictable and sometimes dangerous surf and weather conditions and actions of other participants.

I acknowledge that accidents can and often do happen which may result in me being injured or even killed, or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in the Program.

4. Release and Indemnity: In consideration of the Organiser accepting my application for participation I, to the extent permitted by law:

- (a) release and will release the Organiser from all Claims that I may have or may have had but for this release arising from or in connection with participation in the Program; and
- (b) indemnify and will keep indemnified the Organiser in respect to any Claim by any person arising as a result of or in connection with my participation in the program.

5. Fitness to Participation: I declare that I am medically and physically fit and able to participate in the Program. I will immediately notify the Organiser in writing of any change to my medical condition, fitness or ability to participate. I understand and accept that the Organiser will continue to rely upon this declaration as evidence of my fitness and ability to participate. I understand and accept that the Program is designed for people who have a basic surf skills being beyond the beginner level of surfing, are able to swim 200 metres and are able to catch wave, and I meet this criteria.

6. Medical Treatment: I consent to receiving any medical treatment that the Organiser reasonably considers necessary or desirable for me during my participation in the Program. I also agree to reimburse the relevant Organiser for any costs or expenses incurred in the providing me with medical treatment.

7. Right to Use Image: I acknowledge and consent to photographs and electronic images being taken of me during my participation in the Program. I acknowledge and agree that such photographs and electronic images are owned by the Organiser may use the photographs for promotional or other purposes without my further consent being necessary. Further, I consent to the Organiser using my name, image, likeness and also my performance in the program, at any time, by any form of media, to promote the Program.

I acknowledge and agree that, photographs, sound recordings or audio-visual recordings in which I appear will be provided to the Victoria Health Promotion Foundation (ABN: 20 734 406 352) (VicHealth) who may use those items internally or externally to promote its business and further its objectives under the Tobacco Act 1987 (Vic) and I irrevocably consent to my image and voice being used for these purposes;

I agree that VicHealth might use, reproduce, adapt, modify, publish, distribute and communicate any images or footage materials in a range of online and printed formats including but not limited to printed publications, television, print advertising or news broadcasting, online publications and on websites, YouTube, blogs, microblogs and social media (including Twitter, Facebook, Instagram and LinkedIn) for any educational and/or promotional purpose that is consistent with the responsibilities of VicHealth.

8. Severance: If any provision of this agreement is invalid or unenforceable in any jurisdiction, the phase or clause is to be read down for the purpose of the jurisdiction, if possible, so as to be valid and enforceable. If the phase or clause cannot be read down it will be severed to the extent of the invalidity or unenforceability. Such severance does not affect the remaining provisions of this agreement or affect the validity or enforceability of it in any other jurisdiction.

9. Governing Law: This agreement will be construed in accordance with the laws of Victoria, Australia and the parties agree and submit to the exclusive jurisdiction of the courts in the state.

10. All information I have provided on the attached page is true and correct. I acknowledge this agreement cannot be amended. If I do amend it my application will be null and void. It cannot be accepted by the Organiser.

11. By providing my email address, I give consent for Surfing Victoria to send newsletters and marketing material to me relating to future events and Surfing Victoria news.

By signing and acknowledge where indicated on the attached page, I acknowledge that I have read, understood and agree to the above terms including the warning, release and indemnity. Enter online at www.surfingvic.com

I agree I have read and accept the terms and conditions set out in the Participation Agreement on the reverse of this form.

Participant signature: _____ **Name:** _____ **Date:** _____

Where the applicant is under 18 years of age this form must also be signed by the applicants parent or legal guardian.

Guardian signature: _____ **Name:** _____ **Date:** _____