

West Oz Active Adventure Tours – Release & Waiver of Liability



I agree, acknowledge and accept that in consideration of my participation in the abseiling and rock climbing tour provided by West Oz Active Adventure Tours (**the Activities**), that:

- (a) References to West Oz Active Adventure Tours in this release and waiver of liability means **On Track Research, Development & Innovation Pty Ltd** and include its directors, officers, employees and agents.
- (b) I understand that the Activities:
 - (1) involve walking, climbing and abseiling often down cliff faces or over uneven wet and slippery rock surfaces;
 - (2) will require me to be active in very hot temperatures, to abseil from heights and to be physically active for up to 5 hours;
 - (3) take place in an environment in which flash flooding is a real possibility and regular occurrence and that conditions can change quickly and without warning;
 - (4) take place in Karijini National Park and surrounds, a region in which blue asbestos is known to be present. Asbestos dust may cause cancer when inhaled;
 - (5) take place in a natural environment where:
 - i) wildlife, such as but not limited to, snakes, insects and other animals; and
 - ii) flora,will be present and which wildlife or flora may be venomous or otherwise cause harm.
- (c) I warrant that:
 - (1) I am in a fit state of health sufficient to safely participate in the Activities;
 - (2) I am sufficiently physically fit and able to safely participate in the Activities;
 - (3) I have disclosed all known medical conditions and medications and treatments I am receiving which may be relevant during my participation in the Activities.
- (d) In participating in the Activities, I warrant that:
 - (1) I will follow all instructions given to me by West Oz Active Adventure Tours and acknowledge that any misconduct or refusal by me to follow any instructions may result in my being removed and prevented from taking any further part in the Activities;
 - (2) If I don't understand any instruction or have any queries or problems with the use of the equipment provided or the undertaking of any action during the Activities, I will address this with West Oz Active Adventure Tours before commencement of the action or following of the instruction;
 - (3) I will not consume any alcohol or take any drugs or medicines except those which have been medically prescribed to me and which are taken in accordance with the prescribed directions; and

- (4) I will not engage in any reckless behaviour which endangers other participants, staff members or members of the general public in connection with my participation in the Activities.
- (e) I declare and agree that I am participating in the Activities of my own free will and entirely at my own risk.
- (f) I consent to and authorise West Oz Active Adventure Tours to administer any first aid or medication to treat any injury or illness that I may suffer.
- (g) To the greatest extent possible under the law, I waive any and all claims or legal actions that I may have at any time against West Oz Active Adventure Tours in respect of, relating to or arising from the Activities, for any liability, loss or costs arising, or that may arise at any time, directly or indirectly, from my participation in the Activities, including claims involving negligence.
- (h) I agree that I have read the Release and Waiver of Liability above and, to the best of my knowledge, understand it. I also declare that I have read and agree to the above Release and Waiver of Liability.

I hereby declare and agree that I have read and agree to the terms of the above Release & Waiver of Liability:

Participant Signature _____

Participant Name _____

Date _____

Parent / guardian to sign if participant under 18 years of age.

Parent/Guardian Signature _____

Parent/Guardian Name _____

Date _____

MEDICAL & PERSONAL DETAILS FORM

Given name _____

Family name _____

Date of Birth _____

Age _____

Gender _____

Nationality _____

Full home address _____

Email address _____

Phone/Mobile _____

Emergency contact name _____

Relationship to you _____

Phone/Mobile (including country code if outside Australia) _____

It is important to make sure this is filled in correctly and honestly.

Please list any allergies you suffer from (including food allergies and hay fever). Please give full details including medications, dose and treatment.

Please list any known medical conditions and medications that you are taking or treatment that you are receiving (for example diabetes, epilepsy or asthma).

Please list any injuries you have or have had that may affect you in this activity.

Do you consider yourself to be of reasonable fitness and health? **Yes / No**

Do you suffer from fear of heights? **Yes / No**

How did you find out about us?

- Internet search
- Word of mouth (family, friends, colleagues etc.)
- Pamphlets
- Karijini Eco Retreat
- Karijini National Park Rangers
- Karijini Visitor Centre
- Other visitor centre – Please specify which town: _____
- Tour operator – Please specify company name: _____
- Booking agent – Please specify company name: _____
- TripAdvisor
- Lonely Planet Guide Book
- Facebook
- Instagram
- Other social media – Please specify: _____
- Other – Please specify: _____