



Date of first session:

AUSTRALIA'S FAVOURITE SURF SCHOOL

Enrolment Form

One form required from each participant.

Booking Number (if applicable):

Participant's Name:

Group name (if part of a group):

Street:

Suburb:

Postcode:

State:

Accommodation:

Country (if not Australia):

Age:

Contact phone number:

Gender:

Email:

Do you, or does the participant have any medical condition, injuries, ailments, physical or mental disability that may affect your/their participation in the activities that you/they are to undertake??

YES

NO

If the answer is yes, please give us some brief details regarding the condition or disability that will help us to cater for your/their needs in the running of the program.

Emergency phone number:

Emergency contact's name:

Relationship to this person:

Acceptance of Risk

1. I/they am aware that the activity that I/they are about to participate in has risks. These may include physical activity, being in broken or moving water with waves, immersion, collision with other surfing or paddling equipment or surfers and paddlers, and marine or terrestrial creatures, falling. I/they will ask about these and any other risks. I/they will not start or continue the class if I/they am unsure about the risks or not prepared to accept them.
2. I/they can swim (if the activity requires me to do so).
3. I/they am fit enough to undertake the activity.
4. I/they promise to indemnify the operator for any injury or damage I/they cause to anyone else or to any property during the class due to my negligence.
5. The operator will use suitable equipment and will teach the activity with care and skill.
6. Nothing spoken by the operator changes this document or the operators printed material and all obligations remain the same.

I have read, understood and accept the above document (please tick the box):

Name:

Date:

Name of parent/guardian for participant's under 18:

GREAT OCEAN ROAD

GOLD COAST

SUNSHINE COAST

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