CONDITIONS OF PARTICIPATION - WAIVER FORM FOR ALL PARK FACILITES



l,			(Full Name of Add	ılt and/or Guai	rdian signing form
Addre.	ss		State	Pos	stcode
Mobile	e Number	Work Ph	one or Alternative Contact	No	
on bel	half of the following participan	ıt/s:			
Print Full Name of Participant ONE			Print Full Name of Participant TWO		
Print Full Name of Participant THREE			Print Full Name of Participant FOUR		
RELAT	TIONSHIP TO PARTICIPANT/S: _				
DIETA	RY REQUIREMENTS (PLEASE CI	RCLE):			
NONE	VEGETARIAN	VEGAN	HALAL	COELIAC	FUSSY EATER
Other	(Please elaborate):				
DATE	S All ACTIVITIES UNDERTAKI	EN:		(arrival to	departure date)
I hereb	oy acknowledge, accept, and agree				
	I have read and understand any ruby the staff of Ingenia Holidays Lak	=		·	
	I will wear all safety equipment re when advised by employees of Ing all activities are managed and op purpose for which they are supplie	genia Holidays Lake perated with due o	e Hume that it is safe to do so	. Ingenia Holidays La	ike Hume will ensure th
	I acknowledge and agree that the		e a dangerous recreational a	ctivity and as such b	y my participation in tl
	activity/ies I agree that there is an			_	
	the activity/ies at my own risk regard or negligence of Ingenia Holidays L			caused or contribut	ed by any act or omissi
		take nume its serve	ants, employees of agents.		
	I will not run, dive, climb and/or ju			ease any risk of inju	ry and/or death to myse
		ump [unless the act	tivity/ies require] as I will inco	ot such death, injury,	loss or damage is caus

include actions caused by those other individuals to myself and I participate at my own risk.

- vi. I will use the services, equipment and materials and participate in the activity/ies entirely at my own risk with prior knowledge of the possible death, injury, loss, damage or harm that I may suffer as a result of my use of the equipment and/or participation in the activity/ies regardless of whether or not such death, injury loss of damage is caused or contributed by any act or omission or negligence of Ingenia Holidays Lake Hume its servants, employees or agents.
- vii. I acknowledge there exists a risk of loss and/or damage to my clothing or other personal property and that Ingenia Holidays

 Lake Hume shall not be responsible for any such loss or damage regardless of whether or not such death, injury, loss or damage
 is caused or contributed by any act or omission or negligence of Ingenia Holidays Lake Hume its servants, employees or agents.
- viii. I acknowledge and agree that in the event I cause damage or loss to any equipment or property of Ingenia Holidays Lake Hume whilst at the premises I am responsible for the repair or replacement of that equipment and/or property.
- ix. I will participate in the activity/ies only to a level appropriate to my fitness. If I am unsure of a safe exertion level for my fitness level I will not participate in any activity/ies. I acknowledge and agree that Ingenia Holidays Lake Hume accepts no responsibility or liability in respect of my fitness to participate in the activity/ies and I therefore participate in the activity/ies at my own risk.
- x. In the event I suffer injury I give Ingenia Holidays Lake Hume permission to call an ambulance on my behalf.
- xi. I am not a 'Prohibited Person' as defined by the Firearms Act 1996 (NSW).
- xii. I acknowledge that Ingenia Holidays Lake Hume may withdraw their permission for me to continue participating in the activity/ies or for me to remain on the premises at any time for any reason.
- xiii. I acknowledge that I or any participants for whom I sign, will not be under the influence of drugs or alcohol during participation in activities.
- xiv. I acknowledge that any injury will be immediately reported to a staff member of Ingenia Holidays Lake Hume at the time the incident occurs.

Indemnity to Ingenia Holidays Lake Hume

In consideration of my participation in the activity/ies I agree to indemnify Ingenia Holidays Lake Hume in the following manner:

- i. My participation in the activity/ies is at my own risk and I agree responsibility on that basis for any injury, death, loss or damage
 I may suffer or I may cause another person to suffer as a result whether arising from negligence or otherwise of Ingenia
 Holidays Lake Hume or their employees, servants or agents or from any other cause.
- ii. I accept the venue and premises as they stand with any and all defects either hidden or exposed.
- iii. I will indemnify and shall keep indemnified Ingenia Holidays Lake Hume, its employees, servants and agents against any actions or claims which may be made by me, on my behalf or by other parties for or in respect of or arising out of my death, injury, loss or damage or as a result of death, injury, loss or damage suffered by another caused by me or my equipment whether through my negligence, breach of contract or any other manner whatsoever.

Media Release

I (PLEASE CIRCLE)

AGREE

DISAGREE

to allow Ingenia Holidays Lake Hume

or its partners to publish, copyright, and use pictures of myself or my child for print and/or electronic formats such as publications, videos, social media & websites for marketing/promotion purposes.

Definitions

"premises" – 14-16 Hore Road, Bowna, New South Wales, 2644, Australia.

"Ingenia Holidays Lake Hume" – IDCF Management Co. No. 1 Pty Ltd ATF IDCF Land Trust No. 1 trading as Ingenia Holidays Lake Hume. "activity/ies" – the activities organised and/or supervised by Ingenia Holidays Lake Hume or their servants or agents including but not limited to jumping pillow, play equipment, tennis, pool, splash park, rock wall climbing, abseiling, archery, obstacle course, flying fox/zipline, low ropes, discos, raft building, barrels of fun, water games, slip 'n' slide, pump bike track, disc golf, golf driving range, & any and all activities undertaken in "kids club".

I understand that my signature to this document constitutes a complete and unconditional release of all liability of Ingenia Holidays Lake Hume (including their members, committee, agents or servants) to the greatest extent allowed by law in the event of me and/or the dependents listed above under my care, suffering injury or death or property damage.

Signature: Signatory's Date of Birth:	
---------------------------------------	--