**Disclaimer**

All persons participating in an event or activity organised by the Meet-up Group “Women’s Adventure ACT”, do so as volunteers in all respects, and as such, accept responsibility for any injury or loss howsoever incurred and all Women’s Adventure ACT organisers, hosts, activity leads, co-organisers, organisers, walk leaders are absolved from any liability in respect of injury or damage suffered whilst engaged in any such event.

In voluntarily participating in these activities, **participants should be aware that they could be exposed to hazards that could lead to risk of injury, illness or death or to loss of or damage to property or financial loss**.

These risks could include - **but are not limited to** - hyperthermia or heat exhaustion, hypothermia, slippery, loose or icy surfaces or rocks, falling rocks, exposure, snake bite, bee stings and other insect attacks or bites, burns, animal attacks, drownings, stepping into unseen holes, accidents during vehicle travel to and from the activity, navigation errors, becoming lost, falls from cliffs or elsewhere, being struck by lightning, shock, risks associated with crossing creeks, falls from bicycles and collisions with trees or other bicycle riders.

Risks can also include: falling off boulders, sustaining head or limb injury, injuries leading to partial or full paralysis or loss of limbs or motor control and death.

**To minimise these risks, participants must inform themselves about the nature of the activity and ensure that this activity is within their capabilities. They must carry: food, water, medication, bicycle safety gear and tools (if cycling), appropriate clothing including footwear and equipment and safety gear appropriate for the activity. They must advise the activity leader and/or activity host, of any physical or other limitations, or any dependence on medication that could require urgent attention during the activity while confirming that any medication or limitation will not prevent them from completing the activity.**

Participants must make every effort to remain with the rest of the party during the activity, keep the leader informed of any concerns and comply with all reasonable instructions of the leader. If separated from the party, participants should stop and call out/give three blasts on an emergency whistle, and wait until the party has located you.

**By signing the Attendance Record and Risk Waiver Form below, participants agree that they understand these requirements and have considered the risks before choosing to sign the form and waiver any claim for damages arising from the activity that they might have against the group, association, the leader, organiser, activity lead or any other participants in tort or contract.**

Children under 18 years of age are welcome on selected Women’s Adventure ACT activities, where that is explicitly stated in the activity description, and provided they are accompanied by a parent, guardian or close relative. A parent, guardian or close relative will be required to sign a Risk Waiver for a Child also.

Participants undertaking activities and events with Women’s Adventure ACT, are advised they should have PRIVATE HEALTH INSURANCE or, at least, AMBULANCE COVER in case of an accident requiring evacuation by ambulance or helicopter, but be aware that such cover cannot provide any financial protection in the event of injury or death.

**Women’s Adventure ACT: Waiver Form**

1. I, the undersigned participant, being 18 years of older, or the legal guardian of participant under the age of 18, in consideration of services and activities provided by the volunteer Meet-up group: Women’s Adventure ACT, do hereby waive on my behalf and that of my heirs, any and all claims, causes of actions, or demands of any kind against Women’s Adventure ACT and it’s volunteers and providers, for any injuries, death, illness or material loss that may occur from participation by myself and those under my legal guardianship in any activities led by Women’s Adventure ACT hosts, organisers, leads, members, representatives or volunteers.

2. **I understand that recreational endeavours such as hiking, mountain biking, abseiling, camping, canyoning, kayaking, navigating, rock-climbing, bouldering, indoor climbing and any other indoor and outdoor activities arranged by Women’s Adventure ACT from time to time, are by nature, inherently dangerous and that with this activity come risk of injury and/or death. I understand and agree that for the duration of the above mentioned activity, I am fully responsible for my health and safety, as well as the health and safety of above mentioned minor(s) under my legal guardianship and I accept and assume all responsibility for injury, death, or property damage arising from participation in this activity.**

3. **My participation in this Women’s Adventure ACT activity is purely voluntary, and I elect to do so, in spite of the risks, understanding the risks and accepting them. I understand that Women’s Adventure ACT is a meet-up group and not a legal entity, and therefore does not have, nor cannot provide any liability insurance coverage to participants or organisers**.

4. I understand that the risks or participating in this activity include, but are not limited to, the following dangers: 1. Rugged trail conditions; 2. Dangerous wildlife 3. Hypothermia, hyperthermia or heat exhaustion 4. Bee stings or other insect attacks, bites or stings 5. Stepping into unseen holes 6. Accidents during vehicle travel to or from an activity 7. Becoming lost 8. Falls from cliffs or elsewhere 9. Dehydration 10. Burns (including from campfires, camp stoves or bushfires) 11. Lightening or electrical storm 12. Shock 13. Falls off a bicycle 14. Collision with other bicycle riders or stationary objects 14. Eye injury 15. Falls from boulders

5. I certify that I am in good physical and psychological condition, and this activity is within my capability and if I experience any incident of concern during the event (for example, but not limited to - shortness of breath, dizziness, blurred vision, chest or shoulder pains, or any other pain or medical issue including psychological issue, such as anxiety or panic), I will immediately inform the activity lead.

6. I have provided advice to the activity host, prior to the event, of any allergies or medical conditions that may affect my (or those under my guardianship) or others’ safe participation in activity, including any psychological conditions. I understand that I am fully responsible for the cost of rescue or ambulance should the need arise during this event. I understand that it is my responsibility to carry any medications I may need to treat any medical conditions I may have, and that I must advice the activity lead of the location of that medication, and any administration instructions.

7. I consent to the photographing and video recording of myself and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other marketing purposes for Women’s Adventure ACT. Consent can be withdrawn by informing the Activity Lead.

8. I certify that for this activity, I will carry a completed In Case of Emergency Card, which lists my personal details, two emergency contacts, and any medical issues, allergies and medications that I am taking.

**Women’s Adventure ACT** – **Disclaimer, Waiver Agreement and Attendance Record**

Name of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Activity Lead (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants signing here, understand and agree to the Disclaimer and Waiver information:

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| --- | --- | --- | --- | --- |
| **#** | **Name** | **Email** | **Signature** | **Date** |
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