REGISTRATION FORM FOR OUTINGS, ACTIVITIES AND/OR TOURS

PROBUS CLUB OF Glen Osmond

PARTICIPANT'S DECLARATION

I _____ (NAME OF MEMBER) hereby apply to participate in the activities of the Club which may involve outings, tours and trips and in so doing agree that while participating:

- I understand that I am the person who is fully responsible for the state of my health and I undertake to do all that is necessary so as not to place other participants at risk, including putting them under stress or duress or putting them in danger because of the state of my health or my behaviour.
- I hereby declare that to the best of my knowledge I am fit enough to undertake Club activities and agree to advise the Club should my state of health change.
- I hereby declare that I will only participate in activities where I am physically capable.
- I understand that it is not the role or responsibility of the Club or a Club member to act as a carer should I need one.
- I understand that it is my responsibility to advise the Club Secretary in writing of any change to this declaration.
- I understand that by completing this declaration that it in no way restricts or limits the insurance cover available to me as a member or visitor through the Probus National Insurance Program while participating in an approved activity of the Club.
- I understand that the Probus National Insurance Program does not provide coverage for illness and that I can access information about the coverage available under the program from the Club Administration section of the PSPL website or by contacting the Club Secretary.
- In the case of any accident, illness or emergency (ICE) please contact my next of kin:

ICE Name _____ **Relationship** _____

ICE Telephone Number _____

_____

MEMBER'S SIGNATURE _____ **DATE:** _____

_____ _____

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