



# MELBOURNE SUNRISE PROBUS CLUB INC

## REGISTRATION FORM FOR PROBUS EVENTS

### PARTICIPANT DECLARATION FOR THE 2020 YEAR

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I, \_\_\_\_\_ (*Name of Member or Visitor*), hereby apply to participate in the activities of the Club which may involve outings and tours, and in so doing agree that while participating:

- I understand 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 under stress or duress or to put them in danger because of the state of my health or my behaviour
- I hereby declare to the best of my knowledge I am fit enough to undertake club events and agree to advise the Event Leader immediately should my state of health change
- I hereby declare I will only participate in events where I am physically capable
- I understand if I have any disability or medical condition requiring special assistance or care (eg pushing a wheelchair, assistance with walking, a cognitive disorder) I must attend with a companion capable of providing the required assistance or care. I understand it is not the responsibility of the Club or other Club Members to provide assistance or care.
- I understand this declaration is effective from the date of signing until the end of the calendar year
- I understand the Club publishes photographs of participants on the website and in the newsletter to promote the Club and its events
- I accept the Club will imply I have consented to the publication of such photographs unless I personally inform the Secretary in writing that I do not consent to such publication
- I understand by completing this declaration it in no way restricts or limits the insurance cover available to me through the Probus National Insurance Program whilst participating in a 'recognised activity' of the Club
- In the case of any accident, illness or emergency please contact my next of kin/family member/friend – two contacts required:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Privacy Statement: Information provided shall be kept private and confidential within the confines of the Probus Club and shall only be used in the event of an emergency

- I understand the need for me to advise the Club of any food allergy, other intolerances, and/or special dietary requirements I have (*please tick appropriate box*):

No dietary requirements

Yes dietary requirements  (*please list*)

\_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Participant's Email Address:** \_\_\_\_\_

*Please tick appropriate box:*  **Member**  **Visitor** **Date:** \_\_\_\_\_