



**REGISTRATION FORM FOR OUTINGS AND/OR TOURS**  
**Version 1.0**

**MELBOURNE BEARBRASS PROBUS CLUB Inc.**

**PARTICIPANTS DECLARATION for 2021/2022**

I \_\_\_\_\_ (NAME OF MEMBER) hereby apply to participate in the activities of the Melbourne Bearbrass Probus Club (the Club) which may involve outings and tours and in so doing agree that while participating:

- I understand that this declaration is effective from the date of signing until the next annual general meeting of the Club.
- 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 behavior.
- 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. In the event that I need a carer or special assistance for any Club event, it will be organized by me.
- 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.
- I understand the need for me to advise the Club of any food allergy, other intolerances and/or special dietary requirements that I have. Please list or state N/A on the following lines

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- In the case of any accident, illness or emergency please contact my next of kin:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

MEMBER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

### FORM CHANGE CONTROL

<b>Version</b>	<b>Publish Date</b>	<b>Content/Amendments</b>
0.1	1 <sup>st</sup> December, 2020	Initial draft for consideration by Management Committee members
1.0	23 <sup>rd</sup> March, 2021	Final