



Surfers Paradise Outrigger Canoe Club Inc (SPOCC) Medical Treatment Consent, Waiver & Release of Liability

I wish to participate in outriggering and associated activities with Surfers Paradise Outrigger Canoe Club Inc.

Fitness & Medical Treatment Consent

I certify that I am medically and physically fit and able to participate in outriggering and associated activities.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and or illness during this event.

I acknowledge that this declaration will be used and relied upon by the Club, AOCRA, event holders, sponsors and organisers of events in which I may participate as evidence of my fitness and ability to participate and I agree to be bound by it.

Risks of this Sport

I acknowledge that:

1. Outriggering can be an inherently dangerous sport; and
2. the risks of serious injury, death or accident equipment are not only inherent to paddlers, but are also present for volunteers and may arise from:
 - a) dangerous or defective equipment;
 - b) property owned, maintained or controlled by the Club, AOCRA or event organisers/holders;
 - c) a person's or group or people's negligence or carelessness.

I have voluntarily read this warning, understood this warning, accept, and assume all of the risks inherent or otherwise of participating in outriggering, associated activities of the Club and/or volunteering in this event.

I acknowledge that this Waiver and Release of Liability form will be used and relied upon by the Club, AOCRA, event holders, sponsors and organisers of events in which I may participate and I agree to be bound by it.

In consideration of permitting me to participate in this event, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) **Waive, Release and Discharge** from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my travelling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Australian Outrigger Canoe Racing Association ('AOCRA'), the Club, AOCRA's &/or Club's directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors and event volunteers;
- (B) **Indemnify and Hold Harmless** the entities or persons mentioned in paragraph (A) from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

This Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Other permissions

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

The undersigned, declare that they have read the **Medical Treatment Consent, Waiver and Release of Liability** and adhere accordingly.

No	Name	Signature	Dated	Under 18 years (Yes / No)
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Please highlight any paddler under the age of 18 years old and ensure the parent/guardian waiver is also completed and returned with this waiver form.

**PARENT / GUARDIAN WAIVER FOR MINORS
(Under 18 Years Old)**

The undersigned parent and natural guardian or legal guardian of
does hereby represent that he/she is, in fact, acting in such capacity, that he/she has read and understands
the contents of this form and agrees to save and hold harmless and indemnify each and all of the parties
referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon
said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of
the minor and the parents or legal guardian.

Signature of Parent of Guardian:
Print Name:
Date:

**PARENT / GUARDIAN WAIVER FOR MINORS
(Under 18 Years Old)**

The undersigned parent and natural guardian or legal guardian of
does hereby represent that he/she is, in fact, acting in such capacity, that he/she has read and understands
the contents of this form and agrees to save and hold harmless and indemnify each and all of the parties
referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon
said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of
the minor and the parents or legal guardian.

Signature of Parent of Guardian:
Print Name:
Date:

**PARENT / GUARDIAN WAIVER FOR MINORS
(Under 18 Years Old)**

The undersigned parent and natural guardian or legal guardian of
does hereby represent that he/she is, in fact, acting in such capacity, that he/she has read and understands
the contents of this form and agrees to save and hold harmless and indemnify each and all of the parties
referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon
said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of
the minor and the parents or legal guardian.

Signature of Parent of Guardian:
Print Name:
Date: