

PROBUS CLUB OF MELBOURNE NORTH

REGISTRATION FORM FOR OUTINGS AND/OR TOURS

PARTICIPANTS DECLARATION

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 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 under stress or duress or to put 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 Leader immediately should my state of health change.
- I hereby declare that I will only participate in activities where I am physically capable.
- I understand that any member or guest with a disability must have a carer/companion and I accept that it is not the role or responsibility of the club or a club member to act as a carer.
- I understand this declaration is effective from the date of signing for a period of twelve months.
- I understand that the Club publishes photographs of its members on its website and its newsletter to promote the Club and its events.
- I accept that the Club will imply that 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 that by completing this declaration that it in no way restricts or limits the insurance cover available to me as a member/visitor through the Probus National Insurance Scheme whilst participating in a 'recognised activity' of the club.
- In the case of any accident, illness or emergency please contact my next of kin:

Name _____ Relationship _____

Tel: _____ Mobile _____

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.

MEMBER'S SIGNATURE _____ DATE: _____

VISITORS SIGNATURE _____ DATE: _____