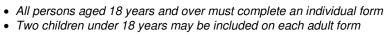
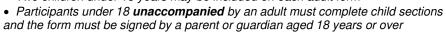
MEDICAL DECLARATION







	Г										
ADULT	Given name(s):	Family nam	Family name:								
	Date of birth:	/	/	Age:	Weight:		kg/lk	os	□Fema	ale 🗆	√lale
Home Address:											
Country of	Contact tel	Contact telephone:									
CHILD 1	Given name(s):	Family nam	Family name:								
	Date of birth:	/	/	Age:	Weight:	Weight:			☐Female ☐Male		
CHILD 2	Given name(s):	Family nam	Family name:								
	Date of birth:	/	/	Age:	Weight:	Weight:			☐Female ☐Male		
Have you	auffored from or	do vo		uffor from	any of the	ΔD	ULT	CI	HILD 1	CHII	ח 2
following	suffered from or :	do yo	ou now si	uner irom a	any or the	YES	NO YE				NO
	wheezing						110				
	nal chord or nervo	us disc	order								
· ·											
Diabetes mellitus (sugar diabetes) Epilepsy											
Fainting, seizures or blackouts											
Heart disease of any kind											
Breathlessness											
High blood pressure											
Allergies (insect bites, pollen etc)											
If yes – what?											
Restriction of movement											
If yes – what?											
Other illness or operation within the last 30 days											
If yes – what?											
	urrently taking any	medic	ine or dru	ıg? (excludi	ng oral						
contracep											
	please name med on being treated:	ication):								
	ingested alcohol v	vithin t	he last 8 l	hours?							
Are you pi											
Do you understand that concealment of any condition incompatible with safe jungle surfing might put your life at risk?											
5010)		, , , ,	35. IIIO UI			<u> </u>	I				
How did y	ou hear about Ju	ungle	Surfing?	(please circle))						
Advert / Brochure / Friend / Internet / Social Media / Travel Agent / TripAdvisor / Tour Desk / TV											
Signature Of Adult Participant:											
Signature of Witness:											
ADULT PARENT/GUARDIAN SIGNING FOR UNACCOMPANIED MINOR(S):											
Full Name	e:				Signature:						

JUNGLE SURFING CANOPY TOURS WAIVER AND RELEASE

In consideration of the acceptance of my offer to participate in some or all of the recreational services described herein, I have read, understood, approved and agree to the following provisions. In this waiver and release, the expression "recreational services" means guided bush walking and hiking, flying fox, abseiling, rope activities and rock climbing, and any other recreational services conducted by *Jungle Surfing Canopy Tours* from time to time. References to *Jungle Surfing Canopy Tours* include the officers, employees, agents and contractors of Keydane Pty Ltd A.C.N. 070 041 468. This waiver and release applies to all recreational services which I participate in, whether past, present or future.

VVI	nether past, present or luture.						
1.	I accept that adventure activities carry with them a degree of risk. I acknowledge that under the <i>Civil Liability Act 2003</i> : a person is not liable in negligence for harm suffered by another person as a result of the materialization on an inherent risk; and a person is not liable in negligence for harm suffered by another person as a result of the materialization of an obvious risk of a dangerous	5.	Either, I have no condition or injury that could be affected by the recreational services, or, acknowledge that <i>Jungle Surfing Canopy Tours</i> not responsible for aggravation to any existin medical condition, whether or not I have disclose it. initia				
	recreational activity engaged in by a person suffering harm. I expressly agree to assume the risk of personal injury to myself and to persons for whom I am responsible for supervision and care, while participating in the adventure activities. initials	6.	I consent to any medical treatment which may be considered necessary by <i>Jungle Surfing Canopy Tours</i> in the event of injury or illness during the course of undertaking adventure activities and I agree to indemnify <i>Jungle Surfing Canopy Tours</i> in respect of the cost of the medical treatment.				
2.	Pursuant to Section 139A of the Competition and		initials				
	Consumer Act 2010, I agree that the guarantee given (in Section 64 Part 3-2 Subdivision C in Schedule 2 under the Australian Consumer Law provisions) is excluded with respect to the supply of recreational services, but the exclusion is limited to liability for: a) death; or b) a physical or mental injury of an individual	7.	I agree that any films, sound or other recording of my adventure activities will not be used in any promotion or advertising without prior written consent of <i>Jungle Surfing Canopy Tours</i> which may use such films, sound or other recordings as it deems fit without my consent.				
	 (including the aggravation, acceleration or recurrence of such an injury of the individual); or c) the contraction, aggravation or acceleration of a disease of an individual; or d) the coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, 	8.	I agree that this waiver and release is a Deed which is governed by the laws of Queensland and the Commonwealth of Australia.				
	form of behaviour, course of conduct or state of affairs in relation to an individual:		Date:				
	 i) that is or may be harmful or disadvantageous to the individual or community; or ii) that may result in harm or disadvantage to the individual or community. 		Name of Adult Participant:				
	initials		Signature of Adult Participant:				
;	claims, losses or expenses that may be made by	-	Name of Child Participant 1:				
	any person for whom I am responsible for supervision and care as well as persons who may		Name of Child Participant 2:				
	make such claims on my behalf initials		JSCT Employee (& witness):				
4.	I am over the age of consent (being 18 years of		Office Use Only – Harness #				
	age), or I am permitted to undertake the adventure activities by a parent or guardian who is over the		Adult Child 1 Child 2				

age of consent, who has signed this waiver and

____ initials

release on my behalf.