



Wentworth Point Probus Club Inc REGISTRATION FOR OUTINGS/ACTIVITIES

I, [name] hereby apply to participate in activities of the Club which may involve meetings, interest groups, outings and tours, and in so doing I agree that while participating:

- I am fully responsible for the state of my health and undertake to do all that is necessary not to place others under stress, duress or danger because of my health or my behaviour.
- I hereby declare to the best of my knowledge I am fit to undertake Club events and agree to advise the event or group leader immediately should my state of health change.
- I declare I will participate in events only 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.
- I understand that by completing this declaration 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 cover for illness and that I can access information about the cover available under the program from the Club Administration section of the PSPL website, the Wentworth Point Probus Club website, or by contacting the Club Secretary or Outings Officers.
- I understand that as a participant, I may appear in photographs taken by the Club which may be used to promote the Club and Probus generally. The Club at times publishes photographs of participants on its website or in its newsletter.
- In the case of accident, illness or emergency please contact one of these two people:

1. Name:
 Relationship:
 Mobile/Phone:
 Address:
2. Name:
 Relationship:
 Mobile/Phone:
 Address:

Privacy Statement: This information is confidential to Wentworth Point Probus Club Inc and will be used only in emergency.

Food allergy, intolerance, or special dietary requirements (please tick)

- No dietary restrictions. Yes, restrictions:

Participant Signature: Date:

Phone No: Email: