

NEW CUSTOMER WAIVER OF LIABILITY FORM

This is a legal document that affects your rights and you must read and agree to this document in full.

1. I understand that bouldering is an adventure sport that requires a significant degree of physical exertion and a degree of inherent physical risk, including death and physical injury, and I believe that I am physically capable to participate and do so of my own free will. **INITIAL**

2. I agree to obey at all times the rules displayed at each bouldering centre, and to adhere to any instruction issued by the staff or agents of Send Train Pty Ltd, The Lactic Factory or Northside Boulders and I understand that I may be asked to leave the premises if I fail to observe these rules. **INITIAL**

3. I accept full liability for my actions and for the actions of any person in my care while I am at The Lactic Factory or Northside Boulders. **INITIAL**

4. I warrant not to participate while affected by alcohol and/or drugs and I understand that participating in any activities at The Lactic Factory or Northside Boulders after I have consumed any alcohol and/or drugs will remove any and all liability from Send Train Pty Ltd, its directors, employees, volunteers, agents and businesses. **INITIAL**

5. I understand that this waiver of liability form is ongoing and will apply to all future occasions in which I participate at The Lactic Factory or Northside Boulders. **INITIAL**

6. I am aware that it is a condition of participation that Send Train Pty Ltd, its directors, employees, volunteers, agents and businesses are absolved from any claims, costs, damages and any other liabilities they may have for injury suffered by me, and I acknowledge that this waiver represents a legal release and discharge of legal responsibility to Send Train Pty Ltd, its directors, employees, volunteers, agents and businesses except where the injury is due to gross negligence on the supplier's part. ('Gross negligence' is defined in the Fair Trading (Recreational Services) Regulation 2004.) **INITIAL**

Surname _____ First Name _____

Address _____ Suburb _____ Postcode _____

Phone _____ Date of Birth _____

Email _____

Would you like to receive emails regarding gym events? (circle one) Yes / No

Emergency Contact _____ Phone _____

List any relevant medical conditions (injuries, allergies, medication) _____

I acknowledge, understand and agree to all of the above

Signed _____ Date _____

Parent _____ Date _____

must be signed by parent if participant is under 18 years