

# Water Ski

Water sports are a great way to bond as a group, learn new skills and have fun. Unfortunately it can also be expensive. That is why the Greater Sydney Conference Youth Department hires out their boat, jetski and equipment to church, pathfinder and school groups. We also provide groups with experienced volunteer staff to drive the boats or jet ski and teach those that attend.

Breakdown of cost:

DESCRIPTION	PRICE	PAYMENT	WHEN
Jetski	\$275	Youth Department	2 weeks prior to event
Boat	\$390	Youth Department	2 weeks prior to event
Boat Launch Fee	\$12	Cliftonville	On the day
Child Entry Fee (under 12)	\$5	Cliftonville	On the day
Adult Entry Fee	\$7	Cliftonville	On the day
Camping Adult	\$18 per night	Cliftonville	Book with Ski Lodge
Camping Child (under 12)	\$10 per night	Cliftonville	Book with Ski Lodge

NOTE: Prices are for the regular arrangement of hire period on Sundays from 7:00 AM till 1:30 PM. Camping fee includes your entry fee.

NOTE: As seen above, the hire of the Jetski/Boat **does NOT** include entry fee into cliftonville. This payment must be arranged directly with Cliftonville.

Process to book a ski day:

1. Contact the Ski Ministry Team Leader, Jess Laws to arrange a date and booking.
2. If camping, call Cliftonville Ski Lodge (Patty 4575 5220) to check for availability.
3. Make payment to the Youth Department and return completed Usage Agreement.
4. Youth Department lets the Ski Team know payment has been made. (Payment must be received 2 weeks prior to booking).
5. Bring signed Consent & Release forms on the day (1 per person).

Contact Details

**For Bookings Contact:**

Ski Ministries Team Leader  
Jess Laws  
Mob: 0424 370 294  
Email: [jslaws@hotmail.com](mailto:jslaws@hotmail.com)

**Send Usage Agreement & Payment to:**

Youth Ministries Department  
4 Cambridge St, EPPING 2121  
Ph: 9868 6522 Fax: 9868 6533  
Email: [GSC\\_youth@adventist.org.au](mailto:GSC_youth@adventist.org.au)



## Usage Agreement

The hirer of Conference Ski Team Equipment does so under contractual agreement to the following conditions:

That the hirer:

1. Is liable for the cost incurred by any damages to the Conference Ski Boat, Jet Ski or any other ski equipment used during the period of hire. This does not include normal wear and tear at the discretion of the conference representative.
2. Agrees that unless otherwise arranged with the Conference representative, hire period on Sundays is from 7:00 AM till 1:30 PM. If you are a school group time is negotiable at the discretion of the Water Ski Ministry team leader.
3. Agrees that hire of the Ski Boat for this duration is at \$390.
4. Hire of the Jet Ski for this duration is \$275. NB. These costs cover petrol, oil and maintenance of craft and car.
5. Cancellations due to reasons other than inclement weather forfeit a \$50 booking fee to cover expenses.
6. Postponements due to inclement weather must be made before 5:00 PM the day before hire and will not incur the \$50 charge.
7. Payment must be made in full no later than 2 weeks prior to the event.
8. One of the Conference ski team representatives must be in attendance.
9. The hirer releases the Greater Sydney Youth Department and the Sydney Adventist Ski Ministry team from any liability in the case of accident or injury incurred during the period of hire.
10. Female participants must wear board shorts/wetsuit pants when skiing.
11. Every participant must complete a Consent & Release form and bring on the day before participating in the activity. This form is to be returned to the Youth Ministries Department prior to event and given to Tim.

Name of Group: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Location of Ski Day: \_\_\_\_\_

Number of participants: \_\_\_\_\_

Hirees Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PAYMENT METHOD \$:

Credit Card Number

Expiry Date

Credit Card Name

Cardholder's Signature

Cash

Cheque/Money Order

Made out to the Seventh-day Adventist Church

Visa

Master Card

### For Bookings Contact:

Ski Ministries Team Leader  
Jess Laws  
Mob: 0424 370 294  
Email: jslaws@hotmail.com

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4 Cambridge St, EPPING 2121  
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## Consent & Release

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

DOB / / Age \_\_\_\_\_ Medicare No. \_\_\_\_\_ Health Fund No. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Ph \_\_\_\_\_ Mobile \_\_\_\_\_

- |                        |                              |                             |                                  |                              |                             |
|------------------------|------------------------------|-----------------------------|----------------------------------|------------------------------|-----------------------------|
| 1. Heart Problems      | <input type="checkbox"/> yes | <input type="checkbox"/> no | 2. Respiratory Problems          | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Travel Sickness     | <input type="checkbox"/> yes | <input type="checkbox"/> no | 4. Phobias                       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Operations          | <input type="checkbox"/> yes | <input type="checkbox"/> no | 6. Recent Illnesses              | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 7. Migraines           | <input type="checkbox"/> yes | <input type="checkbox"/> no | 8. Blackouts                     | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 9. Fits, Epilepsy, etc | <input type="checkbox"/> yes | <input type="checkbox"/> no | 10. Asthmatic                    | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 11. Diabetic           | <input type="checkbox"/> yes | <input type="checkbox"/> no | 12. Restrictions on Activities   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 13. Bedwetting         | <input type="checkbox"/> yes | <input type="checkbox"/> no | 14. Special Diet                 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 15. Disability         | <input type="checkbox"/> yes | <input type="checkbox"/> no | 16. Medication Required          | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 17. Drug Reactions     | <input type="checkbox"/> yes | <input type="checkbox"/> no | 18. Allergies                    | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 19. Can You Swim?      | <input type="checkbox"/> yes | <input type="checkbox"/> no | 20. Last Tetanus Booster – Date: | _____                        |                             |

If you answer "yes" to items 1-18, please supply full details below or on a separate piece of paper.

I declare that I have read the information sheet and personal equipment list for my safe participation in \_\_\_\_\_ (activity), held on \_\_\_\_\_ (date) and will endeavour to ensure I have all the items listed. I also understand that it is a condition of participation to accurately complete the Health Record attached.

I have been informed of the nature of the activities and understand that there may be an element of risk involved. I agree to be responsible for taking the time to learn safety techniques and the proper use and limitations of the equipment I will be using. I acknowledge I may refuse to participate in any part of the activity I feel apprehensive about, (if this does not endanger myself or the other participants and leaders).

I agree that if I suffer injury or illness, the organisers can arrange medical treatment and emergency evacuation services, as the organisers deem necessary for my safety or well being. In the event of accident or illness, I authorise the director/leader to consent, where it is impractical to communicate with me or my parents (if under 18), for me to receive an x-ray examination, anesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/ or surgeon. I also authorise to engage such treatment.

I agree to pay the appropriate fees for such and any ambulance or other emergency transportation costs, which may be required. I agree to meet the expense of me being returned home, by the Director or leaders accompanying me and then rejoining the group. I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Director/leader, non-cooperation of any description or the inability to meet the rigors and requirements of the activity. I agree to attend on this understanding.

I am aware, in signing this document, of the risks of the above named activity and am willing to accept this risk and agree to release, to the full extent permitted by law, AUSTRALASIAN CONFERENCE ASSOCIATION LIMITED (ACN 000 003 930) and/or SEVENTH-DAY ADVENTIST CHURCH (GREATER SYDNEY CONFERENCE) LIMITED and its employees and agents from responsibility for any injuries which I may suffer as a result of participation in this activity.

I understand that the hire of the Jetski/Boat **does NOT** include entry fee into Cliftonville. This payment must be arranged directly with Cliftonville.

Name of Participant \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian approval **MUST** be given for participant under 18 years

Name of Participant \_\_\_\_\_

Signature of guardian \_\_\_\_\_ Date: \_\_\_\_\_

