



Contact Details

First Name:		Last Name:		
Postal Address:				
Occupation:			Suburb/Town:	
Gender: (please tick)	Male ()	Female ()	State:	Postcode:
Home Telephone :	()	Work Telephone	()	
Facsimile:	()	Mobile:		
Height:		Weight:		
Date of Birth:		Email:		
Registering: (please tick)	4 Days: ()	3 Days: ()	2 Days: ()	1 Day: ()
\$185 per day	23-26 September 2017	23-25 September 2017	23-24 September 2017	23 September 2017
	\$740 per person	\$555 per person	\$370 per person	\$185 per person

Emergency Contact Details

First Name:		Last Name:		
Postal Address:				
Suburb/Town:		State:	Postcode:	
Mobile:		Relationship:		

Paddling Experience

Please indicate which best describes your paddling experience: Please tick boxes below

FLAT WATER	Kayak	Canoe	WHITE WATER	Kayak	Canoe	SEA	Kayak	Canoe
			Inc Grade					

Do you have any other relevant experience or courses that you have attended?

How many times have you paddled?	1-10	11-20	21-50	51-100	100+
Swimming ability fully clothed:	0m	25m	50m	100m	200m+

Payment Details

Name on Card:				
Credit Card Number:			Expiry Date:	CVV No:
Amount:	\$	Signature:	X	

Payment & Cancellation Policy

Please note our deposit requirements, our cancellation policy and applicable fees below:

Deposits: To confirm your course booking, a deposit of 50% of the total booking value is required, payable by direct deposit or credit card at time of booking. The balance is due for payment 14 days from arrival, by direct deposit or credit card. You need to check-in at our office at 126 Thunderbolts Way, Gloucester.

Cancellations Policy

14+ days before – Full refund **7 – 14 days before** – 50% of total cost **Within 7 days** – No refund

PLEASE RETURN FORM TO

Barrington Outdoor Adventure Centre - 126 Thunderbolts Way, Gloucester NSW 2422

Ph: 02 6558 2093 Fax: 02 6558 9195 E: adventure@boac.com.au

BARRINGTON OUTDOOR ADVENTURE CENTRE

WAIVER RELEASE AND INDEMNITY

1. I hereby for myself, and heirs, executors or administrators release and discharge Barrington Outdoor Adventure Centre, its agents, servants, subcontractors, and all bodies in promoting and conducting the business, from all actions, claims, rights or causes of action which I might otherwise have or acquire and any injury or loss of life, damage or loss of any description whatsoever and howsoever caused which I may sustain, suffer or cause in the course of or as a result of my use of the facilities, programs and participation in the activities of Barrington Outdoor Adventure Centre.
2. I hereby acknowledge that I am aware that I have sole responsibility for my personal possessions and athletic equipment during my activities that I undertake with Barrington Outdoor Adventure Centre and its related activities and functions.
3. I hereby acknowledge that I am aware of the nature of the activities that I will be undertaking with Barrington Outdoor Adventure Centre and certify that I am medically fit and able to take part in the activities.
4. I hereby consent to receive such medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during any of the activities I undertake with Barrington Outdoor Adventure Centre.
5. I agree to comply with all the rules and direction of the owners, proprietors and/or servants of Barrington Outdoor Adventure Centre.
6. I hereby acknowledge and give consent that photographs and/or videos taken of me or members of my party during our visit may be used for marketing purposes at the discretion of Barrington Outdoor Adventure Centre.
7. I hereby agree that in the event of an activity cancellation or alteration due to a storm, rain, inclement weather, winds or other "Acts of God" conditions, any monies that I have paid may be non-refundable.

Medical Details

If you suffer or have suffered from any disease or physical or mental disability (eg epilepsy, diabetes, or permanent disability to a limb, eye or ear) likely to affect your efficiency, it may affect your safety and the safety of the public. You should consult your medical practitioner and BOAC prior to commencing any canoeing activity

Have you read this section? (please tick yes or no)	Yes	No
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FILL IN THE FOLLOWING (please tick yes or no)	Yes	No
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Do you suffer from Diabetes?		
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Do you suffer from Asthma?		
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Do you suffer from a Heart Condition?		
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Have you ever had an Epileptic Fit?		
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Are you a Hemophiliac?		
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Do you have any Allergic Reactions?		
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Are you taking any medication or suffering an ailment that we should know about?		
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If you have answered YES or have any recent or recurring injuries / medical problems please specify below:

Signature:	Date:
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(If under 18 years of age a parent or guardian must sign below)

Guardian Signature:	Date:
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Guardian Name: (please print)
