ESPERANCE ONE AND ALL COMMUNITY PROGRAM REGISTRATION
(MON 7TH – FRI 11TH JAN)

Participants name: **Age:**	**Participants name:** **Age:**
Participants name: **Age:**	**Participants name:** **Age:**

Does the participant have a disability? : **Name:**
If yes, please provide details:

Is the participant of Aboriginal or Torres Strait Islander origin? :

Was the participant born in Australia? : Y / N **If no which country:**

Does the participant/s currently belong to a local sport/rec club?
If yes, which club?
Name: **Club:**

EMERGENCY CONTACT INFORMATION

Name:	**Relationship:**
Email address:	**Phone:**

SESSION REGISTRATION

Lawn Bowls	**Games**	**Surf Lifesaving**	**Fitkidz**
Netball			

VISUAL IMAGES RELEASE FORM

The main aim of our promotions is to increase awareness of our programs to clients, promote success stories and attract volunteers. To do this we develop posters, brochures, a website and Facebook page and a quarterly newsletter that include descriptions of our programs with positive visual images.
Although Escare Inc. ,BOICO, Shire of Esperance will endeavor to ensure accuracy, Escare Inc. ,BOICO, Shire of Esperance cannot be held responsible for any use or misuse of the images once released.

☐ Please tick this box if you **give permission to Escare Inc., BOICO, Shire of Esperance** to utilize photographic and/or visual images in promotional resources for the purposes outlined above.

☐ Please tick this box **AND INFORM ORGANISERS** (verbal) if you **DO NOT give permission to Escare Inc. ,BOICO, Shire of Esperance** to utilize photographic and/or visual images in promotional resources for the purposes outlined above.

WAIVER AND GENERAL RISK WARNING

As a participant in this recreational activity, you may be exposing yourself to a risk of harm or injury.

I understand that Escare Inc. will take all possible care for my well-being, and that whilst I am participating in this activity, Escare Inc., staff will make every reasonable effort to minimise exposure to known risks. However, I also understand I have a personal responsibility to follow general safety measures.

I therefore accept full responsibility for my own safety and well-being from the moment I enter the premises being used by Esperance One and All Community program for the activity, or take part in the activity and I agree that if I suffer injury or illness, Escare Inc. can, at my cost, arrange medical treatment as the staff or leaders deem essential for my safety.

By signing this form, I voluntarily agree to release and hold harmless Escare Inc., its Board of Management, volunteers, assistants and employees for any damage or injuries, physical or mental, which I might incur as a result of my voluntary decision to participate in activities operated by Escare Inc.

Signed:	Date: