



SURF LIFE SAVING
SOUTH AUSTRALIA

HENLEY SLSC

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ CONTACT NUMBER: _____

- ❖ I have filled in a membership form application which has yet to be accepted by the State body.
- ❖ I wish to participate in a 'Come and Try' day
- ❖ I wish to participate in Surf Life Saving activities to ascertain whether I would be interested in pursuing membership

(Circle whichever is applicable)

I hereby waive all and any claims, or cause of action which I might be entitled to have against all managers, personnel, officials, organisers, or any person(s) whatsoever involved in any Club activities, events or functions conducted on behalf of the Club and other competitors who may be liable for any damage in respect of any matter whatsoever arising out of / or incidental to the events / functions being held as part of, or in conjunction with Surf Life Saving, whether or not such act or omission by such aforesaid lifesaving personnel is either negligent or reckless.

I hereby give my consent for the appointed doctors, coaches, staff and other officials of the Club to provide first aid and deliver me for treatment at the nearest operating and available medical facility in case I am injured as a result of any activity or event I am part of, or involved with, any event / function being held as part of, or in conjunction with Surf Life Saving or any allied Association.

I agree to abide by the Constitution and By-laws of the Henley Life Saving Club Inc.

NOTE 1: ANY INCORRECT INFORMATION IN THE MEMBERSHIP APPLICATION FORM MAY RESULT IN AN INSURANCE CLAIM BEING INVALIDATED.

NOTE 2: UNTIL YOUR MEMBERSHIP IS APPROVED BY SURF LIFE SAVING SA, YOU ARE NOT COVERED BY ANY ASSOCIATION INSURANCE POLICIES.

I, _____ have read and understood this form.

Signature: _____ Date: _____

To be to be signed by parent or legal guardian if participant is under the age of 18 years.