

CAUTION

***Do not sign this document without reading it carefully.
By signing this document you give up important legal rights.
If you have any questions then ask for clarification.***

DEED OF RELEASE, WAIVER OF LIABILITY AND INDEMNITY

1. I (name of participant) _____
of (full address) _____

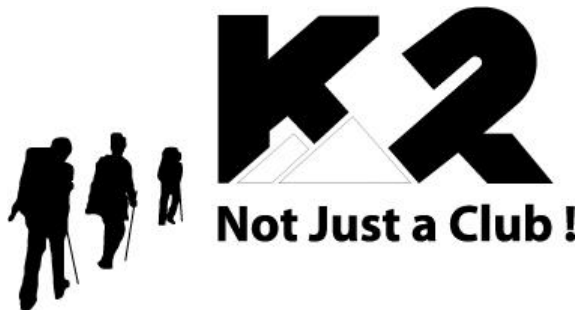
in consideration for using and/or participating in an activity organised and/or provided by Judd Pty Ltd, ACN 076 956 968, trading as K2 Extreme do hereby:

- a. Release, waive liability and forever discharge the company, it's officers, directors, employees and agents and each of them (herein referred to as the "released persons") from all actions, suits, claims, and demands whatsoever which I or my executors, administrators or assigns could hereafter have against the released persons arising directly or indirectly out of or in connection with my use and/or participation in the activity; and
 - b. Indemnify and hold harmless the released persons free from all losses and damages and all claims, suits, payments and judgments, including legal fees arising from any and all of my personal injuries (including death) which may arise from my using and participating in the activity, whether or not such injuries are the result of ordinary or gross negligence.
2. I fully understand that by using and/or participating in an activity I am subjecting myself to risk of injury (including death).
I accept and assume the risk.
3. I understand that the risks of using and/or participating in an activity have been or will be explained, demonstrated and/or shown to me prior to undertaking that activity. I further understand that I have been or will be given instructions on how to use equipment that is associated with the performance of an activity.
4. I say that I am in good physical and mental condition and that I have not recently taken, nor am I presently under the influence of any alcohol, drug, or other medication. I further say that I am not pregnant, or presently under any doctor's care nor am I suffering from any heart condition, high blood pressure, spinal or skeletal condition, serious hearing or vision impairment, balance impairment or other physical condition. I am not under treatment for any mental condition. I say that if my physical and/or mental condition changes that I will immediately notify the released persons and that I will not use and/or participate in an activity.
5. I acknowledge that an activity may take place in an area that is remote to rescue; ambulance, paramedical, medical or hospital facilities and/or that there could be delay in my being rescued and receiving appropriate medical attention.
6. I understand that if I do not wish to sign this document or use and/or participate in an activity that I will immediately be given a full refund or all moneys which I have paid to the released persons for the activity that I am to undertake after deductions for travel/transport expenses and or other expenses incurred by the released persons that are apportioned to or incurred by me.
7. **I HAVE READ AND UNDERSTAND THIS DOCUMENT.**

Signature of Adult/ Parent/ Guardian

Signature of Witness

Date



Extreme Outdoor Adventure Club
 PO Box 536 (140 Wickham St)
 Fortitude Valley Q 4006

Tel: 07 3257 3310 Fax: 07 3854 1281

Email: k2extreme@k2.com.au
 Website: www.k2extreme.com.au

CONFIDENTIAL

K2 Extreme - Medical Information

- **Name:** _____ **Date of Birth:** _____
 Address: _____ Suburb: _____ P/C: _____
 Home Ph: _____ Work Ph: _____ Mobile Ph: _____
 Email: _____
- **Emergency Contact Person:** _____ Relationship: _____
 Home Ph: _____ Work Ph: _____ Mobile Ph: _____
- **Personal Doctor's Name:** _____ Phone: _____
- **Date of Last Tetanus Injection:** _____ If unknown, please estimate.
- **Are You Currently Taking Any Medication?** Yes No
 Type of Condition: _____ Dosage: _____

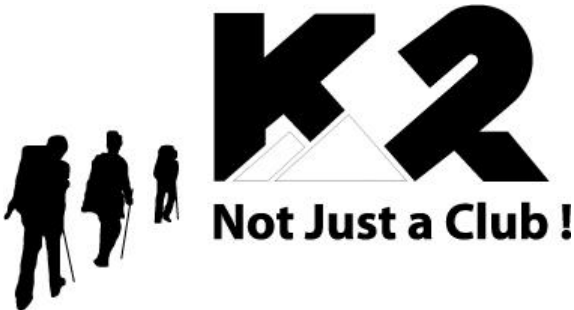
Within the Last 10 years, have you suffered from or currently suffering from any of the following disorders listed below?

Yes	No	Disorder	Yes	No	Disorder
		Rheumatic Fever			Bladder or Kidney disease
		Inflamed or painful joints			Diabetes
		Heart disease or other heart problems			Severe weight loss
		High blood pressure			Hernias or ruptures
		Abnormal shortness of breath			Any form of skin disease
		Bronchitis of Pneumonia			Any reactions to medications or drugs
		Pleurisy or severe chest pains			Other allergies
		Asthma			Unconsciousness
		Hay fever			Head injuries or concussion
		Sinusitis			Any major back injury
		Ear infections/ problems/ operations			Any major joint injury
		Eyesight or vision problems/ glasses			Any fractures
		Epilepsy/ fainting/ fits/ blackouts			Any paralysis or muscular weakness
		Migraines or severe headaches			Motion sickness
		Frequent nightmares/ sleepwalking			Do you smoke?.....Cigarettes / day
		Severe depression			Any operations
		Any mental illness			Claustrophobia

- **If you have answered yes to any of the above disorders, please provide details:** _____

- **Are there any other illnesses or medical conditions which are not mentioned in the above list? If yes, please provide details:** _____

Member's Signature: _____ **Date:** _____



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PAYMENT VIA CREDIT CARD

Please charge my: Bankcard Mastercard Visa Amex To the sum of: \$_____

Card Number: Card Expiry Date:

CCV Number:

Full Name Appearing on Card: _____

Card Owner's Signature: _____

Parental Permission for Adult Membership
(Children 15-17 years old)

I _____, give permission for my child _____,
to become a member of K2 Extreme, and enclose payment accordingly.

Signed _____ Name (please print) _____