

Risk Disclosure Form



COURSE: _____

DATE: _____

Personal Details		
Last name		First name
Male / Female	Age	Country
Email address:		
Emergency Contact		
Emergency contact name:		Contact person's relationship to you:
Emergency contact phone numbers:		
Address:		
Medical (confidential)		
Do you have any medical conditions we should know about? If yes, please describe the condition:	YES	NO
Are you taking medication? If yes, what is it?	YES	NO
Is there anything else we should know to help keep you safe, e.g. fear of heights, non-swimmer?		
Risk disclosure acknowledgement		
<p>I understand there are risks involved in the activities I'll be undertaking. I also understand that an unpredictable or uncontrollable event may occur that could possibly cause me serious harm or death. I'm aware of the importance of my voluntary participation and the consequences should I ignore the NZOIA assessor's or trainer's directions.</p> <p>I acknowledge that the organisation will take all reasonable and practicable steps to keep me safe while I'm involved in these activities. However, I accept full responsibility for my own actions or inaction.</p> <p>I have read and understand this risk disclosure:</p> <p style="text-align: center;">..... Participant's signature (or parent / guardian's signature if participant under 18 years)</p>		