

State Conference – YOUTH PROGRAM



By signing this register, I agree to the terms and conditions as outlined by Centre of Gravity in this document.

I understand that dark zone laser and indoor climbing involve risks which may cause various injuries and that such injuries may result in death or serious disability. I also understand that dark zone laser, indoor climbing and caving sequences are physically demanding and susceptible people may cause panic, hyperventilation or heart attacks.

I am aware that the incorrect use of Climbing, Abseiling, Caving and Dark zone laser equipment may result in the equipment failing to perform its designed purpose, which may result in serious injury, disability or death.

I accept all inherent risks of the proposed activities and acknowledge that the enjoyment and excitement is in part derived from the inherent risks incurred by participation in an activity where risks are greater than the accepted safety of life at home or at work.

I hereby release Centre of Gravity, the owners of the premises and all employees, staff and assistants of Centre of Gravity or any other persons involved in my participation in indoor climbing, caving or dark zone laser at Centre of Gravity from any suit, demand, action or claim for compensation whether for personal Injury and/or Death arising from my participation.

I hereby release Centre of Gravity the rights to use photographs taken of myself by Centre of Gravity management or employees to be used as promotional material for any of Centre of Gravity's advertising domains.

| | |
|--------------------------------------|----------------------------------|
| DATE: | Term ____, 20 ____ |
| PRINT STUDENT'S NAME IN FULL: | |
| parent/guardian SIGNATURE: | |
| PRINT NAME IN FULL: | |



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