SWAN VALLEY
ADVENTURE CENTRE

Telephone: 9374 5600
Address: 58 Yule Avenue MIDDLE SWAN WA 6056
Operating under the auspices of The Perth Diocesan Trustees – ABN: 59 962 540 635

PERSONAL RISK WAIVER FORM

Participant Full Name:

Date of Birth: / /

Emergency Contact Name:

Emergency Contact Phone Number:

ACTIVITIES COVERED

This waiver applies to all indoor**,** outdoor and adventure activities conducted by **Swan Valley Adventure Centre (SVAC)**, which may include: Canoeing, Kayaking, Stand Up Paddleboarding, Raft Building, High Ropes, Junior High Ropes, All-Abilities Ropes Course, Mid Ropes, Low Ropes, Crate Stack, Jacobs Ladder, Leap of Faith, Possum Glider, Climbing, Abseiling, Flying Fox, Archery, Archery Tag, Orienteering, Commando Course, Teambuilding, Colour Run, Scavenger Hunt, Nature Trail, Bushcraft, Blackout Zone, Catapult Build, Adventure Race, Frisbee Golf, Slackline, Bouldering, Bubble Soccer, Oval Games, Slip and Slide, Campfires, physical games and Swimming Pool.

ACKNOWLEDGEMENT OF RISK

I understand and acknowledge that participating in indoor, outdoor and adventure activities with SVAC involves inherent risks, which may include risks in environmental, terrain, flora and fauna, water based, adventure activity, equipment, building and facility, food and catering, medical, human factors, vehicle and traffic, emergency, biological, and security.

I understand that, while SVAC takes all reasonable steps to provide a safe environment through qualified staff, risk management procedures, safety equipment and activity supervision, it is not possible to eliminate all risks associated with participation. I freely accept all such risks, both known and unknown, and voluntarily choose to participate.

FITNESS TO PARTICIPATE

I confirm that I am medically, physically and mentally fit and not knowingly pregnant, to be able to take part in activities and take full responsibility for my health and wellbeing; I have disclosed any relevant medical conditions, medications, or allergies to SVAC; and I consent to emergency medical care and transportation to obtain treatment in the event of injury or ailment.

WAIVER AND RELEASE OF LIABILITY

In consideration for being allowed to participate in any activities provided by SVAC, I hereby waive, release, and discharge the organisation, its staff, contractors, volunteers, and agents from any and all liability, claims, demands, or causes of action arising out of or relating to any loss, damage, injury (including death), or expense that I may suffer as a result of my participation, with the exception of death or injury caused by the negligent acts or omissions of SVAC and its staff.
I understand that this release applies to all activities I undertake with SVAC.

MEDIA RELEASE

I give permission for SVAC to photograph, film, or record me during activities and use these materials for promotional and marketing purposes (no names will be used).
☐I do **not** give permission to use my image or likeness.

DECLARATION

By signing this waiver, I declare that:

- I have read and understood this form in full
- I voluntarily agree to the terms outlined above
- I accept full responsibility for my actions and safety

Participant Signature: **Date: __/ __/**

(Parent/Guardian Signature if participant is under 18):

Print Name of Parent/Guardian: _____