



PERSONAL RISK WAIVER FORM

Participant Full Name: _____

Date of Birth: ____ / ____ / ____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

ACTIVITIES COVERED

This waiver applies to all outdoor and adventure activities conducted by **Swan Valley Adventure Centre (SVAC)** and **Venture Swan Valley (Venture)**, which may include (but are not limited to): High and Low Ropes courses, Rock Climbing and Abseiling, Flying Fox, Bushcraft and Nature Trails, Kayaking and Canoeing, Team Building and Leadership Challenges, Commando Course and physical games.

ACKNOWLEDGEMENT OF RISK

I understand and acknowledge that participating in outdoor adventure activities with SVAC and Venture involves inherent risks, which may include (but are not limited to): Slips, trips, or falls; exposure to natural elements (e.g. sun, wind, rain, insects, uneven terrain); fatigue, physical exertion, or dehydration; accidents caused by inattentiveness or natural surroundings. I freely accept all such risks, both known and unknown, and voluntarily choose to participate.

FITNESS TO PARTICIPATE

I confirm that:

- I am physically and mentally fit to take part in the selected activities.
- I have disclosed any relevant medical conditions, medications, or allergies to SVAC / Venture staff.
- I will comply with all safety instructions and use the required equipment appropriately.
- I will immediately report any unsafe conditions or injuries to staff.

WAIVER AND RELEASE OF LIABILITY

In consideration for being allowed to participate in any activities provided by SVAC / Venture, 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, whether caused by negligence or otherwise.

I understand this release applies to all activities I undertake with SVAC / Venture.

MEDIA RELEASE (Optional)

☐ I give permission for SVAC / Venture 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
- This waiver is binding on me, my heirs, and legal representatives

Participant Signature: _____ **Date:** ____ / ____ / ____

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

Print Name of Parent/Guardian: _____