Inward Bound 2017 – Indemnity and Assumption of Risk VOLUNTEER FORM

RISKS

INWARD BOUND IS A DANGEROUS ACTIVITY.

As a volunteer involved in Inward Bound, I understand I will be exposed to SIGNIFICANT RISKS OF PERSONAL INJURY, AND POSSIBLY, DEATH.

Some risks include:

- Hazardous roads and conditions
- Rugged terrain and unpredictable conditions
- Adverse weather (and associated risks, i.e. falling tree limbs, dehydration)
- Darkness and poor light
- Dehydration/contaminated water
- Late night driving (drivers must manage their fatigue

- Temperature exposure (i.e. sunburn)
- Cold temperature exposure (i.e. risk of hyperthermia)
- Disparity in experience or condition of participants
- Disparity in maturity or competitiveness of participants
- Getting lost
- Contact with vehicles on roads

RELEASE OF NEGLIGENCE

I release the ANU Interhall Sports Organisation, its members, employees, volunteers, subcommittees and agents (including the Australian National University Sport and Recreation Association Incorporated, ANU Sport and the Australian National University) from any liability for any negligence, including negligence that occurs in:

- Setting the course for Inward Bound
- Supervising and administration of Inward Bound
- The nature of the Inward Bound event and any conditions competitors experience as a result of competing in the event
- The end-point (finish line) set-up and management
- Travel to and from the event
- The provision of vehicles/transport/equipment
- Responding to any emergency, medical or otherwise, that may arise during the course of Inward Bound



I waive any claim I may have against the Australian National University Sport and Recreation Association Incorporated (and its subcommittee, the ANU Interhall Sports Organisation), its members, employees, volunteers and agents in relation to any injury (or death), and any other loss, liability or expense I suffer as a result of participating as a volunteer in Inward Bound, except to the extent of the negligence of the association.

I understand that by signing this indemnity form I will not be able to make a claim against the ANU Interhall Sports Organisation, its members, employees, volunteers and agents (including ANU Sport and Recreation Inc.) for any personal injury (or death) I suffer, or any loss, liability or expense I incur in relation to Inward Bound.

I further release any owner of private property that, either through design or through accident or misadventure, I venture on to from any liability for any negligence, including negligence that occurs including, but not limited to:

- Signage of and/or marking any hazards whether natural or man made
- The nature of the Inward Bound event and any conditions volunteers experience as a result of volunteering for the event
- Uneven or rugged terrain
- Natural phenomena, including but not limited to local weather systems
- Unpredictable emergency services accessibility

I waive any claim I may have against any third party individual (not the Australian National University Sport and Recreation Association Incorporated nor its subcommittee, the ANU Interhall Sports Organisation) and any other loss, liability or expense I suffer as a result of participating in Inward Bound.

I understand that by signing this indemnity form I will not be able to make a claim against any third party individual for any personal injury (or death) I suffer, or any loss, liability or expense I incur in relation to Inward Bound.





CONDITIONS OF ENTRY

Initial your acknowledgement of the conditions

| I understand that Inward Bound is a dangerous activity and that my participation could result in injury and/or death. | |
|---|--|
| I am responsible for any costs associated with any medical or emergency services required as a result of my personal injury or death. | |
| I am responsible for the costs of any search and rescue services that may be required as a result of my participation in Inward Bound. | |
| I am 18 years of age or over. If I am not 18 years or over my parent/legal guardian has consented to my participation as a volunteer in Inward Bound and has signed my indemnity form. | |
| I have read and accept the rules and regulations of Inward Bound. | |
| I am a current member of the Australian National University Sport and Recreation Association (ANUSRA). | |
| I am physically fit and able to participate as a volunteer in Inward Bound. | |
| I have no medical condition that may adversely affect my participation as a volunteer in Inward Bound. | |
| I accept that if I become lost or suffer injury and require help, it could take a considerable length of time before I am assisted. | |
| * If I require assistance in an area that cannot be accessed by the public, I understand that the race organisers may automatically notify the emergency services and I am liable for the costs of such services (including rescue helicopter). | |



ACCEPTANCE

I have read this indemnity form, understand the contents contained herein and agree that the terms and conditions of this document bind me and my heirs and successors.

I hereby assume all of the risks associated with participation and agree to hold the ANU Sport and Recreation Association Incorporated, its employees, agents, representatives, coaches, volunteers, private land owners, and any third party individuals harmless from any negligence and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by, or in connection with my participation in any activities related to the ANU Sport and Recreation Association Incorporated, except to the extent of the negligence of the association.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I understand the many risks of participating in Inward Bound and I am still willing to participate. I have initialled every box and certify that I satisfied the Conditions of Entry. I am signing this form on my own free will.

| Name of Participant: | (please print) | |
|--|--------------------------------|--|
| Signature of Participant: | Date: | |
| For participants under the age of 18 years, this <u>must</u> be signed by a parent or legal guardian of the participant. | | |
| I, | _ (name of parent/guardian) of | |
| | (address) | |
| being the parent/legal guardian of | | |
| agree that he/she is allowed to participate in Ir conditions of this form. | | |
| Signature of parent/guardian: | Date: | |





| ı | |
|---|--|
| | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| ı | |
| | |



MEDICAL DISCLOSURE FORM

INWARD BOUND IS AN INHERENTLY DANGEROUS ACTIVITY.

While volunteers at Inward Bound may not experience the same physical stress as the runners, you may still need to work for extended periods of time performing involving repetitive manual tasks. Some volunteers may need to work alone or from a remote location. This form will be carried by the Safety, Search & Rescue Officer for the full duration of the event, and used to inform any emergency, medical or search and rescue services if required. Disclosing a condition will not preclude you from volunteering at this event.

You must complete this form if you have any of the following:

- Any known allergies
- · History of asthma
- Recent surgery
- Regular medication which would need to be taken while on-course
- · History of epilepsy or seizures
- · History of cardiac issues
- Diabetes
- Any medical condition which could affect your participation in this event

| Full name: | Date of Birth | |
|---|---------------|--|
| Known allergies | | |
| you have known allergies, have you ever had an anaphylactic reaction? YES / NO | | |
| If you have an Epi-pen and answered YES to the above, you <u>must</u> keep it with you. | | |
| Past relevant condition(s) | | |
| Current Condition(s) | | |
| | | |
| Brief description | | |
| Current medications | | |
| | | |

Please circle any medications you will be taking with you on the day.



