Waiver and Release Form

Terms and Conditions of Student Participation in the Indigenous Study Tour Form

Player Deta	ils		
Name:		Student ID	
Address:			
Mobile:	Oth	Other Phone:	
Activi	ty	Destination	Date
	nous Study Tour	Fitzroy Crossing, W.A.	3-15 May 2016
The Participale electronic/phericipant control of the Participant control o	notographic image(s), quotes, or statem consents to the use of his/her personal n	rsonal material involving the Participant, ents and testimonials are the property of naterial for promotional purposes.	THE PROVIDER and the
			No 🗍
		ed to complete the Medical Form (Attach	ment 1) which includes
Code of Co		ode of Conduct under Swinburne Policy	and Procedure.
I, the unders result in injuice Study Tour a they arise, macknowledged, the unders actions or class.	ry, stress or difficulties. I acknowledge thand I voluntarily choose to participate in may cause personal injury, stress or diffice and accept the risks and will adhere to signed, release and hold harmless Swinlaims which may be made by me or on made to death caused to me whether by negliger	Idy Tour at my sole risk and understand the obvious risks associated with my partithe Indigenous Study Tour, fully accepting culties. Subject to Attachment 2 forming to the conditions detailed in the Attachment burne, its servants and agents, from and my behalf or by other parties for or in respence, breach of contract or in any way with the obvious risks and agents.	icipation in the Indigenous ing that such risks, should part of this form, I further int 2. against all and any pect of or arising out of
I, the unders	igned, have read and agree to the abov	ve Terms and Conditions.	
Name:	(Name of Player	Da	te: / /
Signature:			
	(Signature of Player)		
(Under 18 S	itudents ONLY) Parent/Guardian Und	ertaking (N/A for Study Tour)	
warrants tha		of a Student under the age of 18 years, ment and Attachment 1 is true and correct lease and Assumption of Risk.	
Name:	(Parent/Guardian of under 18 Stude	ant)	Date: / /
	(Faleliv Guarulali VI ulluel 16 Stude	siit)	Dato//
Signature:	(Parent/Guardian of under 18 stude	ent)	

Attachment 1 - Medical Form*

	Overseas Healthcare Cover of Provider:Membership Number:
1.	Date of Birth:/
2.	Allergies to any foods / medicines? Yes / No (Please circle one)
	If yes, please provide details:
	Are you currently under medical treatment or a physician's care? Yes / No (Please circle one)
	If yes, please provide details:
3.	Do you suffer from any condition that may require special assistance that SWINBURNE staff should be aware
	of? Yes / No (Please circle one)
	If yes, please provide details:

SWINBURNE collects, uses and destroys your personal and health information contained in this Medical Form for use during your participation in the Activity, so as to ensure your safety and the safety of other Students, in accordance with the *Health Records Act 2001* (Vic) and Swinburne University of Technology's Privacy Policy, located at: http://www.swinburne.edu.au/corporate/registrar/ppd/docs/Privacy.pdf.

Attachment 2 - Risks and Conditions of Activity

Risks - Bites - Falls - Injury - Sprains - Strains - Delayed flights - Stress - Personal difficulties

Conditions of Participation in the Indigenous Study Tour

Swinburne aims to promote and strengthen social interaction between students of Swinburne and Aboriginal communities. The study tour relies on the integrity and good character of its participants, and a dedication to helping and supporting the remote communities it visits as part of this study tour. Students are required to respect all people they meet during the tour and refrain from excessive use of alcohol.

Approval of the unit convenor is required to participate in the Indigenous Study Tour.

Emergency Contact Information	
Please provide the name and contact details of the person you would like us to contact in case of an emergency.	
Name:	
Relationship:	
Phone: () Mobile:	