



## Application Form – Over 18

### Participant Details

FULL NAME	DOB	AGE	<input type="checkbox"/> Male	<input type="checkbox"/> Female
HOME ADDRESS				POSTCODE
EMAIL ADDRESS	WORK PHONE	HOME PHONE	MOBILE	

### Course Details

GROUP	COURSE DATES FROM	TO	Stage 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
MODE OF TRAVEL	<input type="checkbox"/> Self Driven <input type="checkbox"/> School Vehicle <input type="checkbox"/> Public Transport with the School <input type="checkbox"/> Public Transport independently <input type="checkbox"/> Driven to Wollangarra/Heyfield/Traralgon by:		DEPARTING FROM: DEPARTING FROM: NAME:		

### Agreement

I am aware that while at Wollangarra I will be participating in the following activities: use of a flying fox, overnight hiking, swimming in a river, hobby farming including-animal care, gardening and maintenance, campfire cooking, and other outdoor activities and games.	SIGNATURE
I am aware that the mountain hiking trip has risks and dangers that are greater than those normally faced every day. Those extra risks and dangers may include: physical exertion, remoteness, difficult access to normal medical services, weather extremes which can change suddenly and unexpectedly.	SIGNATURE
In the event of a serious accident, I authorise the obtaining on my behalf of such medical assistance as I may require.	SIGNATURE
I give permission for photos taken of me to be used in the production of Wollangarra's brochures, newsletters and website.	SIGNATURE
I agree to cover the cost of any equipment that is lost or broken by me due to neglect or abuse.	SIGNATURE
I acknowledge that I have read all the information provided, and that I have completed and attached the Wollangarra Medical Form. I also understand that whilst at Wollangarra, should my behaviour place at risk my own or others safety, or be deemed by staff to be unacceptable, then my participation on the program may be discontinued.	SIGNATURE

### Privacy Statement

Wollangarra maintains a commitment to ensuring that all information, including medical details, gathered by the centre, or provided by the group leader, will remain confidential, and will only be used for the purpose for which it was intended.