



Exploring Australia Delegation Leaders

Important—Please share with your delegation

The Exploring Australia program has some unique activities that require waivers signed by your students and their parents/guardians. If you have any questions, please ask your area director.

NOTE

Students who do not have signed waivers will not be able to participate in the activities.

Waivers

- Enclosed you will find two documents. If you need additional copies of any waiver, you can print them off from the leader website.
- **You must collect and carry originals of all waivers.** Please DO NOT send copies to the program office. Each student must also carry a photocopy of his or her completed waivers.
- **Please verify that both the parent/guardian and the student sign the waivers.**

1. Farm Stay/Outback Experience Waiver

- All Student Ambassadors and their parents/guardians must sign. Families should complete the waiver, leaving the choice of farm blank. The name of your farm stay will be included on your accommodations list; have families indicate the correct farm stay at that time.

2. Optional SCUBA Diving Waiver(s)

- **Only certified divers (12 or older)** who wish to dive in Australia will be eligible for this experience. The diver and his/her parents must sign in order for the student to participate. Australian law prohibits people with asthma from SCUBA diving. Make sure your students are aware of the restrictions. If you have students in your delegation who wish to dive, they must carry their **SCUBA certification card** with them, as well as the **completed dive waiver** with their parent/guardians' signatures. All dives are subject to the approval of the diving company.
- There is an **extra cost** involved of no more than \$125 USD. Students should plan to pay for this activity in cash in Australian currency.
- No waiver is needed for snorkeling.

Thank you for being a leader on the Exploring Australia program!

Farmstay / Outback Experience Waiver

Student's Name: _____

Delegation Code: _____ Delegation Leader: _____

Parent/Guardian: _____

Address: _____

(Student) _____ is a participant in the People to People Student Ambassador Program and will be participating in a Farm stay. I understand that the Farm stay activities may include, but are not limited to: fossicking, canoeing, swimming, sports activities and games, low-level ropes courses, bushwalking, camping, horse riding (where available), bush dancing, whip cracking, 4WD rides, sheep and cattle demonstrations, hayrides and other farm-related activities. I understand that these activities may be dangerous, and I agree that I participate in these activities at my own risk. I agree to abide by all rules and regulations established by the farm hosts and their employees or agents.

I understand that (Your Delegation Leader will mark the correct farm or bush camp.)

Trafalgar Station Wambiana Station Pajingo Station
 Kroombit Tourist Park Woodleigh

and their agents and employees, Ambassador Programs Inc. and their contractors, expressly disclaim liability and responsibility for any injury, death or damage to persons and personal equipment arising from the aforementioned activities conducted on the property.

I have read and understand the above.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SSI Australia Pty Ltd DEED OF ASSUMPTION OF RISK

In consideration of and as a condition of SSI Australia Pty Ltd (hereafter "SSI") and Reef Safari Pty Ltd T/A Prosail Dive (hereafter "the business") agreeing to allow me to participate or enrol in any one or more of the following:

- (a) Scuba Diving (b) Snorkelling © Instruction in scuba diving or snorkelling (d) use of any material plant or equipment; and (e) any activity incidental to the above activities conducted, supplied or serviced by the instructor, the business and / or SSI (hereafter referred to as "the Aquatic Activities")

I,(Name).....Of (Address).....

hereby covenant acknowledge and agree that so far as permitted by the Trade Practices act 1974 (Cth) and the Fair Trading Act 1989 (QLD) or other relevant legislation:

1. I unconditionally waive and relinquish all claims for liability and release and discharge the instructor, the Business and SSI, from all liabilities, claims and causes of action that may arise for:

- (1) Personal injury (2) Property Damage (3) Economic Loss or (4) Wrongful Death Wherever and however such may occur whether the same shall arise by (5) Negligence (6) Breach of Contract (7) Breach of any statute, code of practice or standard (8) Delay or cancellation, Or otherwise (hereafter "the liabilities") as a result of my participation in the Aquatic Activities.

2. I agree to indemnify and hold harmless the instructor, the Business and SSI from the Liabilities in respect of any action brought against them as a result of my participation in the Aquatic Activities.

3. I acknowledge that:

(a) My participation in the Aquatic Activities is a potentially hazardous activity which may result in serious injury, property damage, economic loss or death and I am prepared to assume such risks.

(b) I have been fully advised of the potential dangers and hazards associated with my participation in the Aquatic Activities; and

(c) I have read and understood this Deed and I intend it to have legal effect to exempt and relieve the instructor, the Business and SSI from the Liabilities and I have signed it voluntarily and without any inducement by the instructor, the Business and/or SSI.

Interpretation
In reference to a party to this Deed includes the party's successors, assigns, agents, servants and employees.

Executed as a Deed on this _____ day of _____ 200_ Signed Sealed and Delivered by

Name.....Signature.....

In the presence of:

Witness Signature.....

Parent / Guardian Signature (under 18 years).....

CERTIFIED DIVERS ONLY

Certification Level _____ Agency _____

Total No. of Dives _____ Date of Last Dive _____

MEDICAL DECLARATION FOR RESORT DIVING

TO BE COMPLETED AND SIGNED BY RESORT DIVER

Personal Details

Surname		Given names	
Address			
			Phone:
Date of birth	/	/	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Have you suffered from, or do you now suffer from, any of the following-

	Yes	No
Asthma or wheezing		
Brain, spinal cord or nervous disorder		
Chest surgery		
Chronic bronchitis or persistent chest complaint		
Chronic sinus conditions		
Collapsed lung (pneumothorax)		
Diabetes mellitus (sugar diabetes)		
Ear surgery		
Epilepsy		
Fainting, seizures or blackouts		
Heart disease of any kind		
Recurrent ear problems when flying		
Tuberculosis or other long-term lung disease		
Have you ever had major surgery?		

Are you currently suffering from-

	Yes	No
Breathlessness		
Chronic ear discharge or infection		
High blood pressure		
Other illness or operation within the last month		
Perforated eardrum		

Are you currently taking any medicine or drug (excluding oral contraceptives)?		
Have you ingested any alcohol within the 8 hours prior to diving?		
Are you pregnant?		
Do you understand that concealment of any condition incompatible with safe diving might put your life or health at risk?		
Are you flying within the next 24 hours?		

Signature:.....	Date: / /
Witness:.....	Date: / /

I the Instructor have reviewed this form _____
(SIGNATURE REQUIRED)

CERTIFIED DIVERS ONLY

I the Certified Diver agree to adhere to all safe diving practices in accordance with my training, including adhering to the Buddy

System, diving safely within the limits of the tables or dive computer, properly controlling my buoyancy, doing safety stops after

every dive and closely monitoring my air supply. _____
(SIGNATURE REQUIRED)