

FIELD TRIP INDEMNITY FORM

I am participating in this Wollongong Camera Club Field Trip voluntarily and at my own risk. I am aware that risks exist and may arise during the trip (including, but not limited to, the hazards of traveling by bus, coach, tram, train, vehicle, water transport or other means in isolated or mountainous terrain, away from medical facilities and subject to the forces of nature) by which death, injury or illness to me or damage or loss to my property may occur. I accept and assume all the risks of participating in the Field Trip. Further, I (and my heirs assigns, executors and/or administrators) fully and finally release Wollongong Camera Club Incorporated, its servants, employees, agents and contractors from any and/or all responsibility or liability for any loss of or damage to any of my property, or any injury or death to me arising in any manner whatsoever (including by way of negligence of any other person or entity) out of my participation in the Field Trip.

I have read the Field Trip information, which is available at available at https://wollongong.myphotoclub.com.au. I confirm that I am unaware of any medical or psychological issues that could in any way impair my ability to make this trip and I take full responsibility for the provision of any required medical care I may need and take full financial responsibility for having adequate medical coverage. If there are any changes in my medical condition before or during the course of the trip, I will immediately bring it to the attention of the Group Leader.

I give permission for Wollongong Camera Club to publish photos of me on its website or in their marketing material and I understand that any photos of myself that I disprove of will be taken down upon my request. I acknowledge that I have accepted the risk stated above and given the release stated above of my own free will and I have not relied upon any verbal, written or visual representations or statements made by Wollongong Camera Club Incorporated and/or its servants, employees, agents, and contractors.

Date:			
Names (print) & Signatures:			