

PLEASE READ AND FULLY UNDERSTAND and SIGN

I, the undersigned participant, being eighteen years or older, or the legal guardian of participant/s under the age of eighteen, in consideration of services rendered by Dirt Skills Margaret River, do hereby waive on my behalf and that of my heirs, any and all claims, causes of actions, or demands of any kind against Dirt Skills Margaret River and its employees for any injuries, death, illness or material loss that may occur from participation by myself and those under my legal guardianship in any activities led, guided or instructed by Dirt Skills Margaret River instructors.

- 1 I understand that recreational endeavors such as mountain biking are by nature, inherently dangerous and that with this activity come risk of injury or death. I understand and agree that for the duration of the above mentioned tour/clinic/camp, I am fully responsible for my health and safety, as well as the health and safety of above mentioned minor(s) under my legal guardianship and I accept and assume all responsibility for injury, death, or property damage arising from participation in this activity.
- 2 My participation in Dirt Skills Margaret River tours, skills clinics, camps is purely voluntary and I elect to do so in spite of the risks. These risks include, but are not limited to, the following dangers: 1. Latent for apparent defects in equipment; 2. Use and operation of equipment; 3. Rugged conditions - primitive trails, gravel, rocky ground, cliffs, steep grades, vertical exposure, sharp turns, motor vehicles; 4. Weather conditions creating slippery trails; heavy rain, lightning, and risks of exposure; 5. Illness due to dehydration, heat exhaustion, hypothermia, fatigue, etc.; 6. Dangerous wildlife such as bees, wasps, mad magpies, poisonous snakes and spiders, the erratic behavior of kangaroos and wallabies darting onto trails etc.
- 3 I understand and acknowledge that no medical benefits will be provided to me during any tours, skills clinics or camps. I certify that I (or those under my guardianship) am/are in good physical condition and have no maladies that impair motor skills, endurance, or could hinder or effect in any way emergency medical attention. Any allergies to certain foods, bee stings, wasps etc...have been listed on the questionnaire form. Any other medical issues such as asthma, epilepsy have also been mentioned in the participant questionnaire along with my management plan. I agree to carry my medication with me and notify instructor of my medication and emergency plan. I am personally capable of paying for any property damage and/or bodily injury that may occur to myself and/or any of the above mentioned minor(s) under my legal guardianship. I understand that I am fully responsible for the cost of rescue or ambulance should the need arise during this event.
- 4 Dirt Skills Margaret River HIGHLY recommends all participants have current AMBULANCE cover and PRIVATE HEALTH INSURANCE. Dirt Skills Margaret River will not be responsible for any medical costs whatsoever. Further, in case of serious accidents an Ambulance will be called as a matter of FIRST PRIORITY. You the participant will be responsible for costs associated should you require an Ambulance. Country Ambulance cover can be obtainable for only \$48 per year for singles. See <http://www.stjohnambulance.com.au/st-john/ambulance-services/country-ambulance-service/country-ambulance-cover>. MTBA membership is approximately \$120 per year and comes with a very good personal accident cover. See: www.mtba.asn.au
- 5 _____ (participant to initial) I have inspected my equipment and it is safe, in good working order and suitable for use on off road rough trails. I hereby state that I understand how to use the brakes and shifting mechanisms on my bike and, furthermore I take full responsibility in regards to the suitability of my bike to participate in the above mentioned course. I also state that I deem that my helmet meets Australian standards and is in good condition.

I declare that the information given above is true and correct to the best of my knowledge:

Signature

**Full Name of Participant
(or legal guardian if applicable)**

Date