

THE DAVID CLELAND WALKING TRAIL LAUNCH



ATTENDEE REGISTRATION FORM

Arrive pm on Friday 24th August, depart Monday 27th August (or time of your choosing)

Please complete this form for each attendee and return by 20th July 2018.

Nature Foundation SA

PO Box 448, Hindmarsh SA 5007

NatureFoundationSA@nfsa.org.au Tel: 1300 366 191 Fax: 08 8340 2506

1. Mr/Miss/Ms/Mrs. First name: _____ Last name: _____
Street address: _____
Town/suburb: _____ Postcode: _____
Telephone (home): _____ Telephone (work) _____
Mobile: _____ Email: _____
2. Date of birth: _____
3. Emergency contact person: _____ Relationship: _____
Telephone(home): _____ Telephone (work): _____
Mobile: _____ Email: _____
4. Do you have any medical conditions, allergies (foods, insects, medications), disabilities or past injuries that may affect your participation?

Likely reactions/restrictions: _____
5. Vehicle type & registration: _____
Do you have space to car pool? YES/NO
Do you require 4WD transport to/from Adelaide-Hiltaba? YES/NO
6. Self Accommodation:
 - Will you require steel bedframe in Shearers Quarters [very limited spaces] YES/NO
Supplying own: Tent / Swag / Camper-trailer
 - Do you hold a first aid certificate? YES/NO
 - Will you be bringing UHF Radio(s)? YES/NO
 - Est. Arrival time at Hiltaba on Friday 24th August 2018: _____
 - Planned departure date/time (if not Monday morning): _____

Conditions of Participation

I agree to comply with the following terms:

- i. I have notified Nature Foundation SA of all relevant medical conditions.
- ii. I shall cooperate to ensure a safe and happy team environment.
- iii. Photographs or videos taken of me at this event can be used for promotional purposes.
- iv. I will comply with Nature Foundation SA policies, while also accepting responsibility for my own safety and the safety of my personal belongings. Furthermore, I will not knowingly or carelessly endanger the safety and welfare of any other participant or Nature Foundation SA staff.

I understand that failure to comply with any of these conditions may result in me being requested to leave.

Signature: _____ Date: _____

