

WITCHELINA MEMBERS TOUR APPLICATION FORM 2020



Departs Monday 21 September - Returns Friday 25 September

Please complete a form for each person wishing to join the tour and return this form by 14 August 2020 to Nature Foundation PO Box 34, Prospect SA 5082 or via email to NatureFoundationSA@nfsa.org.au Phone 83402880

On receipt of this form your name will be placed on the list to attend the Witchelina Members Tour. You will be contacted if you have secured a place and to complete the payment process. Please note the tour is subject to any restrictions/cancellations imposed on us by the Government and Health authorities in relation to COVID.

1. First name: _____ Last name: _____
Street address: _____
Town/suburb: _____ Postcode: _____
Phone(home): _____ Phone(work) _____
Mobile: _____
Email: _____
Date of birth: _____

2. Emergency contact person: _____
Relationship to you (not travelling with you): _____
Their Phone (home): _____ Phone(work): _____
Mobile: _____ Email: _____

3. Do you have any medical conditions, allergies, (foods, insects, medications), disabilities or injuries that may affect your participation?

Likely reactions/restrictions: _____
Any medications you take: _____
(please ensure you have adequate supplies of any medications you require)

4. Do you have any dietary concerns we need to cater for?

Likely reactions: _____

Do you hold a first aid certificate? YES NO Do you hold a current driver's license? YES NO
Do you have any specialist skills/knowledge you would like to share with the group?

5. Have you been to Witchelina before? YES NO

Conditions of Participation:

I acknowledge, understand and accept that the trip will require long drives, includes remote outback travel and a variety of levels of accommodation (basic to good) and that should I be unable to continue with the tour will at my own cost and available means withdraw from the tour.

I understand and accept that the itinerary is a guide only and may vary due to circumstances such as weather and road conditions and I will comply with the changes determined necessary by the leaders.

I agree to comply with the following terms:

- i. That I have notified Nature Foundation of all relevant medical conditions and dietary concerns and will ensure I have my medical requirements with me at all times.
- ii. That I shall cooperate to ensure a safe, enjoyable and pleasant experience for all participants.
- iii. That I will comply with any required hygiene practices.
- iv. That photographs or videos taken of me on this trip can be used for promotional purposes.
- v. That I will comply with Nature Foundation policies and procedures, 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 personnel.

I understand that failure to comply with any of these conditions may result in me being requested to withdraw from the tour at my own cost.

Signature: _____ Date: _____

Name if you cannot attach an electronic signature