**Victim/Member Declaration and Information**

Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_ Telephone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disclaimer:

Release, Indemnity and Assumption of Risk

In consideration of being permitted to participate in/at all Search and Rescue Canines- SA inc training sessions/exercises, I hereby release, remise, discharge and agree to indemnify the Search and Rescue Canines- SA inc, their respective officers, executives, directors, officials, agents against all claims, actions, costs, expenses and demands in respect of injury, death, loss of damage to my person or property, howsoever caused, arising out of or in connection with my participation in training dogs, sometimes in an environment of increased risk due to changeable and unpredictable environment and the inherent dangers associated with training dogs and working in an emergency service culture.

***I certify that:***

* I am aware that there is a risk of injury related to the nature of the environment and tasks surrounding training search dogs.
* I am in good physical condition and have no injuries, disease, disability or pre-existing conditions that may affect my likelihood of injury due to participation in training search dogs.
* No physician, nurse, therapist, trainer, coach, manager or other person has advised me to NOT to participate in training search dogs in this higher risk environment. Medical Certificate received
* I undertake at all times to abide by the Search and Rescue Canines- SA Code of Conduct
* I undertake at all times to abide by the South Australian Public Sector Code of Ethics

This document shall be binding on myself, my heirs, executors, administrators assigns and personal representatives. I have read this document, understand that I give up substantial rights by signing it and knowing this, sign it voluntarily. I agree to participate knowing the risk and conditions involved and do so entirely upon my free will.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_/\_\_/\_\_\_

Participants signature Guardian’s signature (if under 18) Date

Participants under 18 are to be accompanied by a parent, guardian or approved carer as listed:

Parent name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd approved carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical information**

Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ relation to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone no, best contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ second option: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Please indicate if you suffer from any of the following? Please circle. | | | |
| YES/NO | Asthma | YES/NO | Allergies |
| YES/NO | Diabetes | If YES, list: |  |

Do you have any other medical conditions or disabilities other than listed above which could affect your participation in Search and Rescue Canines- SA inc. activities? If so please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you take any medications which could affect or be affected by participating in Search and Rescue Canines- SA inc. activities? If so, please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ensure to bring along any medication in support of your allergies if applicable and advise other members of use and dosage in event of an emergency, (EPI-Pen, ASHTMA Pump).

Declaration:

I, the undersigned will notify the designated Safety Officer or Instructor prior any training session if any of the above conditions change and of any current illnesses, fevers, injuries or other medical conditions that may affect the health and safety of people at a training session.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_/\_\_/\_\_\_

Participants signature Guardian’s signature (if under 18) Date

|  |  |  |  |
| --- | --- | --- | --- |
| Policy no: | Title: Search and Rescue Canines- SA Membership and Information form | Approved by: | Date: |
|  |  |  |  |