

## **REGISTRATION FORM FOR OUTINGS, ACTIVITIES, AND TOURS**

## **PROBUS CLUB OF WINDSOR**

Ι_	(NAME OF MEMBER OR VISITOR) hereby apply to
pai	rticipate in the activities of the Club which may involve outings, tours and trips and in so doing:
•	I understand that I am the person who is fully responsible for the state of my health, and I undertake to do all that is necessary so as not to place other participants at risk, including putting them under stress or duress or putting them in danger because of the state of my health or my behaviour.
•	I hereby declare that to the best of my knowledge, I am fit enough to undertake Club activities and agree to advise the Club should my state of health change.
•	I hereby declare that I will only participate in activities where I am physically capable.
•	I understand that it is not the role or responsibility of the Club or a Club member to act as a carer should I need one.
•	I understand that by completing this declaration, it in no way restricts or limits the insurance cover available to me as a member or visitor through the Probus National Insurance Program while participating in an approved activity of the Club.
•	I understand that the Probus National Insurance Program does not provide coverage for illness and that I car access information about the coverage available under the program from the Club Administration section o the PSPL website or by contacting the Club Secretary.
•	I understand that as a participant, I may appear in photographs taken by the Club or Association, which may be used to promote the Club and Probus generally.
•	I understand that it is my responsibility to advise the Club Secretary in writing of any change to this declaration
	ase of any accident, illness, or emergency, please contact the following person (this person should not be a r of the Club).
ne _	Relationship
pho	one Number/s

PARTICIPANT'S SIGNATURE \_\_\_\_\_\_DATE: \_\_\_\_\_DATE: \_\_\_\_\_