

Workshops



Registration Details

Name: _____

Address: _____

Suburb: _____

State: _____

Post Code: _____

Contact: _____

Mobile: _____

Home: _____

Email: _____

Emergency contact during Workshop: Name: _____

Number: _____

Signature: _____

Date: _____

Dietary Requirements: (please tick) ☐ Gluten Free ☐ Lactose Free ☐ Diabetic ☐ Other

Registration is finalised and secured at receipt of payment, please indicate below which payment option you are using. Many Thanks

☐

Cash

\$

☐

Credit Card

\$

Card Number

Expiry

CCV

Name on Card

☐

Cheque (Made payable to Total Health & Education Centre)

\$

☐

Direct Deposit/Transfer

\$

Name Total Health & Education Centre

Bank NAB

BSB 082 741

Account 98 811 2466

Please provide your name as a reference when making direct deposit/transfer so we can identify your payment.

Pat Collins

Bush Tucker and Survival Camp Martindale

1780 Martindale Road, Denman, NSW, 2328

Phone (Pat) 6547 3514 or THE Centre 6541 1884

Updated 19th June 2018

Pat Collins

CAMP AND EVENT RELEASE OF LIABILITY FORM

(MUST BE FILLED OUT BY EVERY PARTICIPANT)

Pat Collins Bush Tucker & Survival camp is designed to provide an opportunity to learn about the natural environment and survival techniques. I acknowledge this event is an outdoor activity in which I participate at my own risk. I acknowledge that I will be walking and riding in vehicles on rough uneven terrain through wildlife inhabited wilderness. I agree to comply with all Pat Collins rules and regulations for all activities and understand that I am fully responsible for my actions. I release and forever discharge the Owners of Wangrah, Total Health and Education Centre Staff and camp volunteers and Pat Collins' staff from any and all liability claim, cost, or expense, and waive any such claims against any such person or organization, arising directly from any such activity in which I may participate during camp to the extent allowed by law. Further, I agree that I may participate in activities that Pat Collins, her staff and Volunteers have arranged. I currently have no physical or mental condition that would impair my capability for full participation as intended and expected of me;

(Except for).....

Participant Signature:Date:

Camp/Event Parental Consent: Must be completed for all minors Name of Minor Participant (Please Print)..... Parent or Guardian of

Minor(s) (under age 18): I, as Parent or Guardian, of the above stated minor participant represent to Pat Collins that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in this Pat Collins Bush Tucker & Survival camp Martindale.

Further, in consideration granting such license, agree, individually and on behalf of my child or ward, to terms of the above Agreement and Release of Liability. Signature: Date:

Camp Medical Form (please print) Name:

Sex: M/F

Date of Birth: Address:

City: State: Zip: Phone Number:

Parent/Legal guardian:

Address (if different from above):

Phone Number: Person to contact in case guardian cannot be reached:

..... Phone Number:

Relationship: *Pertinent medical history (asthma, diabetes, allergies, etc.):

* Special Diet required (including vegans, vegetarians, etc.):

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*Medication:.....
..... How Often?.....

I, Parent or Guardian of.....(minor) give Pat Collins staff
permission to administer first aid and/or transport said minor to nearest hospital or clinic for
medical Treatment. Signature of Parent or Guardian
.....Date:

I take full responsibility for any children
under my care at Pat Collins Bush Tucker & Survival Camp.

Signature: Date:
.....

Please fill out this sheet for every camp participant and return to Pat Collins on the day of the camp.

PHOTO RELEASE

Yes/ No (please circle one)

By signing below, I hereby authorize Pat Collins Bush Tucker and survival Camp to publish photos of myself and or my son/daughter or ward on the official Pat collins website, and promotional material. The photos will be used to aid visitors to help them get a visual depiction of the Pat Collins Bush Tucker and Survival camp experience. I stipulate by signing below that the photos not be identified in any way with personal information other than first names. (i.e., last name, address, phone number or any other identifying information) The photos will not be used for any other purpose than the stated purpose above. Not all photos will be used; only those deemed most advantageous for the purpose intended and that most accurately depict the subject matter.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL

Print Name:

Signature:

Date: