

NEW CUSTOMER WAIVER OF LIABILITY FORM



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ACN: 90 114 311 312

This is a legal document that affects your rights and you must complete this form in full. As an acknowledgement of your understanding, please initial each following statement and then fill in your details and sign below.

- I understand that bouldering is an adventure sport that requires a significant degree of physical exertion and a degree of inherent physical risk, including death and physical injury, and I believe that I am physically capable to participate and do so of my own free will.
- I agree to obey at all times the rules outlined in 'The Lactic Factory Rules,' at reception and online, and to adhere to any instruction issued by the staff of The Lactic Factory, and I understand that I may be asked to leave The Lactic Factory if I fail to observe these rules.
- I accept full liability for my actions and for the actions of any person in my care while I am at The Lactic Factory.
- I warrant not to participate while affected by alcohol and/or drugs and I understand that participating in any activities at The Lactic Factory after I have consumed **any** alcohol and/or drugs will remove any and all liability from The Lactic Factory.
- I understand that this waiver of liability form is ongoing and will apply to all future occasions in which I participate at The Lactic Factory.
- I am aware that it is a condition of participation that The Lactic Factory, its director, staff, volunteers and agents are absolved from any claims, costs, damages and any other liabilities they may have for injury suffered by me, and I acknowledge that this waiver represents a legal release and discharge of legal responsibility to The Lactic Factory, its director, staff, volunteers and agents, except where the injury is due to gross negligence on the supplier's part. ('Gross negligence' is defined in the Fair Trading (Recreational Services) Regulation 2004.)

Surname: _____ First Name: _____

Address: _____ Suburb: _____ Postcode: _____

Phone: _____ Date of Birth: _____

Email: _____

Would you like to receive emails regarding gym events? (1 or 2 per year) **Yes / No**

Emergency Contact: _____ Phone: _____

List any relevant medical conditions (injuries, allergies, medication): _____

I acknowledge, understand and agree to all of the above:

Signed: _____ Date: _____

Parent: must be signed by parent if participant is under 18 years Date: _____