Risk Warning

Civil Liability Act 2002 (NSW)

The Swim

Dolphin Swim Australia Pty Ltd ACN 138 208 081 atf Dolphin Swim Australia Unit Trust
ABN 95 706 319 134 (“DSA”)

To be signed by each participant. If a participant is under 18 years of age this form must be signed on their behalf by a parent or guardian.

Your participation in the recreational activities supplied by DSA may involve risk. The risks may include injuries or death due to:

(a) tripping, slipping, falling or other physical exertion;
(b) use of marine craft and equipment and possible failure of that equipment;
(c) exposure to the sun and adverse weather conditions;
(d) exposure to the natural marine environment including ocean predators, bites & stings, motion sickness and drowning

Prior to undertaking any such recreational activity, you should ensure that you are aware of all of the risks involved, including those risks associated with any health condition you may have.

By participating in the Swim today I agree to do so at my own risk.

I know that my agreement operates to exclude any liability in negligence for harm that I may suffer.

I acknowledge I have been warned that this recreational activity may cause physical harm to me or to someone under my control or accompanying me, and I confirm that I and anyone under my control have no condition, medical or physical, that could prevent me or anyone under my control from, or be aggravated by, participating in this activity.

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Participant’s signature 
Date

If you are under 18 years of age on the day this declaration is signed, the declaration must be signed by your parent or guardian. I warrant and certify that I am the parent or guardian of the child named below (“My Child”) who will be under 18 years of age on the date of The Swim and he/she has my consent and is capable of participating in the The Swim. I confirm that I have read and understood the above declaration, warrant, waiver and release and that I agree, on behalf of My Child, to be bound by each of those conditions and having done so, I submit this voluntarily.

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Parent’s or Guardian’s signature 
Date

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Child’s Name