

Title	First Name	Family Name
Address		
Suburb	State	Postcode
Contact number	Email	

Date of Birth	Gender
Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Y/N
Do you ever experience unexplained pains or discomfort in your chest at rest or during activity?	Y/N
Do you ever feel faint, dizzy or lose balance during physical activity/exercise?	Y/N
Have you had an asthma attack requiring immediate medical attention at any time over the last 12mths?	Y/N
If you have diabetes (1 or 2) have you had trouble controlling your blood sugar in the last 3mths?	Y/N
Do you have any other conditions that may require special consideration for you to exercise?	Y/N

DID YOU ANSWER 'YES' to any of the 6 questions above? If so, you are advised to seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.

Have you been told that you have high cholesterol?	Y/N
Are you taking medication for this condition?	Y/N
Do you smoke or have you smoked in the last 6 months?	Y/N
Have you been told that you have high blood pressure?	Y/N
Are you taking medication for this condition (High BP)?	Y/N
Have you been told that you have high blood sugar (glucose)?	Y/N
Are you taking medication for this condition (High Blood Sugar)?	Y/N
Are you currently taking prescribed medication(s) for any condition(s)? Other than those above. If yes, what are the medical conditions?	ONLY LIST CONDITIONS NOT MEDICATIONS
Have you spent time in hospital (including day admission) for any condition/illness/injury last 12mth If yes please provide details	
Do you have any diagnosed muscle, bone, tendon, ligament or joint problem or had a joint replaced? If so please put details.	

All the above information is correct and I have read and understood all the terms and conditions of entry.

Signed: _____

Please email to rollbacktheclock@bowls.com.au or Fax to 03 9495 0194 or return to club PRIOR to the program commencing. Can also be completed on 1st day of attending program.

LEETON SOLDIERS CLUB - Paid at club YES/NO



Participant Terms and Conditions

I apply for entry to the Event. In consideration of my application to enter the event being accepted, I acknowledge and agree that;

1. Definitions

In this Event Entry Declaration:

- "Claim" means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising from or in connection with any Event Activities, but does not include:
 - A claim against Bowls Australia by any person expressly entitled to make a claim under a Bowls Australia insurance policy; or
 - A claim against Bowls Australia under any right expressly conferred by its Constitution or regulations.
- "Event" means Roll Back the Clock program conducted by Bowls Australia.
- "Event Trainer" means the trainer contracted by Bowls Australia Ltd
- "Exercise Activities" means performing or participating in any capacity in any activities connected with Bowls Australia "Roll Back the Clock"
- "Bowls Australia" means Bowls Australia Ltd ABN 65 427 736 644.
- "Event Organisations" means and includes the Event Organiser, Bowls Australia, and where the context so permits, their respective directors, officers, members, servants, contractors or agents.

2. Risk Warning

My participation in the recreational activities supplied by the Event Organisations is inherently dangerous and may involve risk. There are risks specifically associated with participation in the recreational activities and accidents can and often do happen which may result in personal injury, death or property damage. Prior to undertaking any such recreational activity, I should ensure I am aware of all of the risks involved, including those risks associated with any health condition I may have. I acknowledge that the assumption of risk and warning above constitutes a 'risk warning' in accordance with relevant legislation.

3. Waiver

By agreeing to these terms and conditions, I will be agreeing that my rights to sue the supplier in relation to recreational services or recreational activities that I undertake because the services or recreational activities provided were not in accordance with the guarantees are excluded, restricted or modified as set out below.

4. Disclosure of Medical Conditions

I warrant that prior to participating in the Event I am and must continue to be medically and physically fit and able to undertake and participate in the Event;

5. Exclusion of Applicant

I warrant that I have not at any time been excluded from exercise activities by a medical practitioner or any person or entity including but not limited to Bowls Australia. I acknowledge and agree that the Event Organisations may demand a medical certificate or opinion as to my fitness from a qualified medical practitioner PRIOR to my undertaking any Exercise Activities.

6. Right to Use Image

I acknowledge and consent to photographs and electronic images being taken of me during my participation in the Event. I acknowledge and agree that such photographs and electronic images are owned by Bowls Australia.

7. Privacy

I understand that the personal information I have provided in this Event entry is necessary for the conduct and management of the Event and other related activities, and that it is collected in accordance with Bowls Australia's Privacy Policy (available from www.bowls.com.au/privacy)