

MEDICAL FORM

The purpose of this form is to allow us to adequately prepare for your participation in your photography tour with Len's School



Students under 18 years of age must have their parents or legal guardians sign this form.

Name..... D.O.B.
Phone (Home) (Work)..... Mobile.....
Address..... Postcode
Medical group Number Female Male
Medicare Number

1st Emergency contact: Name Relationship
Phone (Home) (Work)..... Mobile.....
Address..... Postcode.....

2nd Emergency contact: Name Relationship.....
Phone (Home) (Work)..... Mobile.....
Name of Your Doctor Phone

Date of last tetanus inoculation **(We strongly recommend you have a current inoculation)**

Are you a Swimmer? **Y / N** (Swimmer indicates that you can swim unassisted more than 100 metres)

Do you wear glasses or contacts? **Y / N** Do you have dentures / false teeth? **Y / N**

Detail any specific dietary requirements you may have.

ALLERGIES Do you have any known allergies / anaphylaxis? **Yes / No** - If yes, **what is the allergy?**.....

Do you have any disabilities or illnesses? **Yes / No** (e.g. asthma, diabetes, epilepsy, dyslexia, deafness, vision impairment, high blood pressure, heart and or lung condition, emotional behaviour disorders). Please give details.

If yes to any of the above, have you ever been hospitalised for your condition. ? Please advise details.

ASTHMA Have you ever suffered from asthma? **Yes / No** Describe reaction, triggers and medications.

Have you ever suffered from a stress related illness? **Yes / No** Please give details.

Are you currently taking any form of medication? **Yes / No** If yes, detail name, dosage and frequency

This medication MUST be carried on programs.

Do you have any past injuries? **Yes / No** If yes, details please.

Have you ever undergone surgery in the past 3 years? **Yes / No** If yes, details please including date and type.

Are there any other medical conditions or history that we should be aware of?

IMPORTANT NOTICE

Photography by its very nature, possesses inherent risks. Certain additional risks and dangers may be encountered including; remoteness from normal medical services, physical exertion in rugged environments and extremes in weather.

Signed..... Date/...../.....

PARTICIPANT AGREEMENT

I (first name, last name) _____

of (address) _____

Telephone (h) _____ (m) _____ (w) _____

I agree to participate in a photography tour , workshop or shoot run by Len's School.

I agree and understand that:

- Photography and outdoor activities possess inherent risks.
- These risks may include but are not limited to; exposure to weather & temperature extremes, lightning strikes, tripping & falling over, working near cliffs, attacks from animals, exposure to toxic chemicals, electrocution while working with high voltages, being run over by vehicles and motor vehicle accidents.
- The activity will be fully supervised by qualified photographic and outdoor staff.
- I attend the activity entirely at my own risk, and must exercise due care to ensure my personal safety and that of others.
- I have no known medical or physical condition that may be exacerbated by participation in the activity.
- I will inform staff about all medical conditions that I currently or in the past have been treated for.
- I will bring all my personal medication (may include: ventolin, heart medications, EpiPen etc)
- I will conduct myself in a safe and responsible manner for the duration of the activity.
- I must follow any direction or advice affecting my safety given me by Len's School staff.
- I accept all risks associated with the activity for myself and my heirs, executors and assignees and release Len's School (Leonard Metcalf) and its servants and agents from all claims, actions, suits, and demands from loss or injury to me or my dependents arising from my participation in this activity.

If you have any questions regarding the activity contact: Len's School 1300 85 81 69

I have read this indemnity agreement and I fully understand its contents.

Signed: _____ Date: _____

(NOTE: to be signed by a parent or guardian when the participant is under 18 years of age.)



Len's School

PHOTO RELEASE FORM

I, _____, give my full consent for any photographs or video footage taken of me during my Len's School program to be used for any lawful purpose by Len's School. This may include but is not limited to promotion on the Len's School website, marketing campaigns, brochures, press releases and presentations.

I understand that I will not receive compensation for any such uses.

I retain the right to have these images or footage removed from any of the above platforms at my request. It is my responsibility to contact Len Metcalf to request any discontinuation.

If you have any questions about this photo release form please contact Len Metcalf on 1300 858 169.

I have read this waiver and fully understand its contents.

Signed: _____

Date: ___/___/___

Note: This waiver must be signed by a parent or guardian for participants



Len's School®