



To: The Churches of Christ Property Trust
 (This form will be retained by 'The Tops'
 If you require a copy, please arrange it prior to arrival)

A PARTICIPANT DETAILS

Name _____ The participant's age _____
 Address _____
 P/code _____ Phone. (H) _____ (W) _____
 Name of Group _____

B The participant warrants:

the participant is a member of the following medical fund _____
 the participants member number of that fund is _____
 the participants Medicare number is _____
 that apart from the "Disclosed matters" the participant has no current illnesses, injuries or other adverse medical condition and is in good health. The disclosed matters are: The participant should here set out any illness, adverse medical condition or ill health from which the participant is suffering or has suffered or write NIL.

Note: If the above information has already been collected by the organiser then only Part C needs to be added and supplied to the Tops.

C ACCEPTANCE / ACKNOWLEDGEMENT OF RISK

*The participant acknowledges that a reference to The Trust in this section C includes its servants and agents and further acknowledges that by reason of the nature of activities in which the participant may participate in at The Tops Conference Centre (site) that there is a risk of injury to the participant and/or a risk of an adverse effect to any current or past medical condition of the participant. **The participant acknowledges and agrees that the participant accepts that the participant engages in activities on the site at the risk of the participant.** The participant gives the trust authority, where circumstances deem it necessary, to obtain medical and ambulance assistance for the participant in the case of the participant suffering injury or ill health while on the site. For risk assessment information please visit www.thetops.com.au and follow the links to risk assessment.*

Participant Signature _____ Date _____
 Parent/Guardian Sign. (u18s) _____ Date _____
 Relationship to Participant _____



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