

Christ Church Secondary School	AGREEMENT & BOOKING FORM FOR EXTERNAL ORGANIZATION	
		Date Released
		22/8/11

1. Name of the organization : _____
2. Address : _____

3. Telephone : _____
4. Date of Activity : _____
5. Purpose of Use : _____
6. No. of participants : _____
7. Profile of participants : _____
8. Name of the person in charge : _____
9. Tel no. of person in charge : _____ (Hp) _____ (O)
10. No of qualified instructors : _____

Please fill in the details below: (Attached separate sheet if space is insufficient)

No.	Name of qualified instructor/s	Organisation (if any)	Telephone no.	Qualification	Expiry Date

11. (a) Please tick the Adventure Stations you are going to book:

Elements	AM	PM
Team Building Station		
Zipline		
Abseil		
Rockwall		
External Rock Wall		
Challenge Rope Course		

- (b) Please tick the *Team Building Stations* you are using:

No	Stations	AM	PM
1	Nitro crossing		
2	High Wall		
3	Time zone		
4	TP shuffle		
5	Tension Traverse		
6	Cargo Net		
7	Mohawk walk		
8	Giant Finger		
9	Bouldering Wall		

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(c) Please tick the *Challenge Rope Stations* you are using:

No	Stations	AM	PM
1	High Net		
2	Sky Walk		
3	Leap of Faith		
4	Parallel Walk		
5	Vertical Tango		
6	Horizontal Playpen		

12. Insurance policy for **ALL** the participants who participates in the above activities: Yes / No

13. Liability Release and Assumption of Risk Agreement

On behalf of _____ (Name of organisation):

(a) I have read the Standard Operating Procedure (SOP) of the above mentioned activities and agreed to abide by the SOP.

(b) I acknowledge and accept that there are inherent risks and dangers incurred during the above mentioned activities carried out by us.

(c) In consideration of the right to participate in the Christ Church Adventure Stations, I agree to assume all risks of illness, injury or death and agree not to sue and to **RELEASE FROM LIABILITY AND INDEMNIFY** Christ Church Secondary School from all actions, claims or demands for injury, loss or damage regardless of the cause resulting from our participation in the above mentioned activities.

(d) Should there be any damage to the facilities during the activities, I agree to pay for the damage.

14. I have read and agree to accept and abide by this agreement.

Signature of the person in charge

Date

For official use only

Booking Approved / Not Approved

Name: _____

Signature / Date: _____

Remarks:

Safety Facilitator assigned: _____