

PERMACULTURE TRAINING CAMPS

Emergency Contact Details, Medical Disclosure and Assumption of Risk

IT IS RECOMMENDED FOR ALL INTERNATIONAL STUDENTS TO HAVE CURRENT HEALTH INSURANCE WHEN TRAVELLING

Details of the person Tagari Publications, The Permaculture Institute, Costas Fortuna P/L ITF Southern Oceans, Lisa Mollison, Bill Mollison or the staff of these companies should contact in the event of an emergency concerning you:

Your details:

Applicant name: _____ Medicare Card No.: _____
Program Name: _____ Arrival date: / / Depart date: / /

Emergency contact details:

Contact title (e.g. Mr, Mrs, Ms): _____ Surname: _____
First name: _____ Relationship to you (e.g. wife, husband) _____
Contact address: _____
State: _____
Zip/Postcode: _____ Country: _____
Contact telephone number(s): _____
Any other relevant details: _____

Next of Kin details:

Contact title (e.g. Mr, Mrs, Ms): _____ Surname: _____
First name: _____ Relationship to you (e.g. wife, husband) _____
Contact address: _____
State: _____
Zip/Postcode: _____ Country: _____
Contact telephone number(s): _____

Dietary restrictions/allergies:

Please describe any dietary restrictions (i.e., lactose intolerant, food allergies) _____

Medications: List all medications you are taking or will be taking during this program. All medicines, prescribed or over-the-counter, must be transported in their original packaging.

Do you have or have you had any of the following in the last 12 months? (If yes please explain):

Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hypoglycemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Impaired Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Clots	<input type="checkbox"/> Yes <input type="checkbox"/> No	Impaired Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No
Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Infectious Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle/Joint Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emphysema	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neck/Back Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Need Special Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnancy (females only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Severe Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart/Cardiac Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgeries	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unconsciousness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies (other than food)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Assumption of Risk

I have consulted with a medical doctor with regards to my personal medical needs. I am aware of all applicable personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this program. I assume all risk and responsibility for my medical needs.

Tagari Publications, The Permaculture Institute, Costas Fortuna P/L ITF Southern Oceans, Lisa Mollison, Bill Mollison or the staff of these companies may, but are not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release Tagari Publications, The Permaculture Institute, Costas Fortuna P/L ITF Southern Oceans, Lisa Mollison, Bill Mollison and the staff of these companies from any liability for their actions.

I acknowledge that I have read and understood all the content of this form.

Signature of applicant: _____ Dated: _____

Printed name of applicant: _____

PERMACULTURE TRAINING CAMPS

Release, Waiver, Assumption of Risk and Hold Harmless Agreement

Your details:

Last name:

First name:

Middle name:

Program name:

Attendance dates:

Arrival date:

/ /

Departure date:

/ /

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BEFORE ANY PERSON IS ALLOWED TO PARTICIPATE IN THE ABOVE PROGRAM.

I, the undersigned, wish to participate in the program listed above on the date(s) indicated above and I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my participation in this Program there are dangers, hazards and inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. The dangers, hazards and risks may arise from my own actions, inactions, or negligence as well as from the actions, inactions or negligence of others, or the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards or risks not presently known or reasonably foreseeable. Participation in the Program includes travel to and from the Program. Therefore, I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and travelling to or from this Program.

I understand and agree to follow all safety precautions required for participation in this Program and realise that hazards are present on a rural property.

To the extent that I engage in activities that are or are not a part of this Program and from which I may sustain personal injury or other damage to myself or property, or cause others to be injured or sustain other damage, including damage to their property, I understand that Tagari Publications, The Permaculture Institute, Costas Fortuna P/L ITF Southern Oceans, Lisa Mollison and Bill Mollison, its Board of Trustees, Administration, Shareholders, Faculty, Staff and all other officers, directors, employees and agents (hereafter known as "The Sisters Creek Project") will not be held responsible.


I hereby release The Sisters Creek Project from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to me or loss that I may suffer while training, preparing, participating and/or travelling to or from this program. This agreement is binding on my heirs and assigns.

I furthermore release, indemnify and hold harmless The Sisters Creek Project from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that I may suffer, for which I may be liable to any other person, that may or does arise out of my participation in the Program.

I am also aware I may be personally liable for injury or damage to other people or property that is caused by myself and I have been advised that I should insure myself against such risks.

In the event of an accident or serious illness, I hereby authorise representatives of The Sisters Creek Project to obtain medical treatment for me and on my behalf. I hereby hold harmless and agree to indemnify The Sisters Creek Project from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries that may occur during my participation in the Program.

I have read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

 Signature of applicant:

Dated:

Printed name of applicant:

Witness signature:

Dated:

Printed name of witness:

PERMACULTURE TRAINING CAMPS

Farm Ground Rules

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

The Sisters Creek Project will not tolerate inappropriate and unsafe practices at the farm and any participant deemed by us to be unsafe, inconsiderate or in violation of these ground rules will be removed immediately with no refund of course fees.

- Respect the property, machinery, animals, fellow students and staff at Tagari Publications, The Permaculture Institute, Costas Fortuna P/L ITF Southern Oceans, Lisa Mollison and Bill Mollison.
- Appropriate footwear is to be worn at all times whilst outside.
- Please be careful around the farm animals, keep your distance as they all can and do bite.
- Please DO NOT feed the animals (this includes scraps) unless directed to as they may have specific diets.
- Appropriate personal protective equipment is to be used when required.
- No illegal drugs or substances are to be brought onto or used at the property.
- The abuse of alcohol will not be tolerated on the farm.
- Do not use any of the farm equipment or tools without permission and/or supervision.
- None of the motor vehicles on the property are to be driven without express permission by the owners.
- Please keep the caravans, campsite, kitchen area and equipment in a clean state at all times and return items to the place you found them.
- Some Australian fauna is protected by law but can also be dangerous and/or fatal. You need to be aware that we have poisonous snakes, spiders and other dangerous creatures within the region. DO NOT approach or try to harm them and inform us immediately if you do see them. Care and commonsense is the best approach.

I agree to adhere to the farm "Ground Rules" expressed in this document as well as any verbal instructions given to me by staff of Tagari Publications, The Permaculture Institute and Costas Fortuna P/L ITF Southern Oceans during my stay.

✍ Signature of applicant:

Dated:

Printed name of applicant:

Public Relations Release Form

I hereby expressly grant to Tagari Publications, The Permaculture Institute and Costas Fortuna P/L ITF Southern Oceans and all licensees, successors, legal representatives and assigns (hereafter known as The Sisters Creek Project), the absolute and irrevocable right and permission to use my name and to use, reproduce, edit, exhibit, project, display, copyright, publish and/or resell photographic pictures and/or moving pictures and/or videotaped images of me with or without my voice, or in which I may be included in whole or in part, and any of my possessions, including real and personal property, which photographic and/or moving pictures, videotaped images and/or possessions are photographed, taped, videotaped, and/or recorded during the duration of my stay and thereafter, and circulate the same in all forms and media (including, but not limited to videotapes, audio tapes, compact discs, computer files, film, slides, web media, podcasts and photographs) for art, advertising, trade, competition of every description and/or any other lawful purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith. I acknowledge that I have no interest, ownership or copyright rights in any pictures, images or recording or in any forms or media thereof produced by The Sisters Creek Project.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the editorial, advertising or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied.

I hereby release, discharge and agree to save harmless The Sisters Creek Project from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or be produced in the making, processing, duplication, projecting or displaying of said pictures, images, or recordings and from liability for violation of any personal or proprietary right that I may have in connection with said pictures, images, or recordings and with the use thereof.

You are free to take photos whilst you are a student at The Sisters Creek Project but these photos are for your own personal use and not for commercial purposes or public viewing. You are not authorised to publish or display any photos or imagery captured of Lisa and Bill Mollison, staff or representatives of The Sisters Creek Project, anyone or anything else at The Sisters Creek Project without express written permission from The Sisters Creek Project and the person (or people) in the photos or images captured.

✍ Signature of applicant:

Dated:

Printed name of applicant: