

**CAIRNS ZOOM WAIVER AND RELEASE FORM – FOR STUDENTS UNDER 18 YEARS OLD**

<b>STUDENT'S NAME:</b> _____	PLEASE CIRCLE <b>M / F</b>	<b>DATE OF BIRTH:</b> _____
<b>POSTAL ADDRESS:</b> _____		<b>WEIGHT:</b> _____
<b>PHONE NUMBER:</b> _____		<b>HEIGHT:</b> _____

As a legal guardian or parent of a student who wishes to participate in the Cairns ZOOM Adventure activities, you must read the following three statements carefully and then truthfully complete and sign this CAIRNS ZOOM Waiver and Release Conditions Form. If you answer 'No' to any of the statements, the student cannot participate in Cairns ZOOM.

**STATEMENT A: MEDICAL CONDITIONS AND HEALTH**

1. I confirm that to the best of my knowledge, the student does not have a medical condition or injury which might have the effect of making it more likely that they will be involved in an incident which could result in injury to themselves or others.
2. I acknowledge that Cairns ZOOM is not responsible for any aggravation to any existing medical conditions whether or not I have disclosed it.
3. I confirm that to the best of my knowledge, the student is not pregnant.
4. I confirm that the student is not under the influence of alcohol or drugs
5. I acknowledge that for safety reasons the maximum participant weight is 120kgs = 18 stone, 12 pounds and if the student equals or exceeds this weight they will not be allowed to participate.

**STATEMENT B: LEGAL WAIVER AND RELEASE**

1. I acknowledge that references to Cairns ZOOM includes the related corporations, employees and agents and contractors of Habitat Dome Pty Ltd ACN: 64 115 763 249 and all the activities within and external to the Cairns Wildlife Dome.
2. As a condition of entry into Cairns ZOOM & Wildlife Dome, you must agree that the student participates in the Cairns ZOOM activities at their own risk and that you indemnify and release Cairns ZOOM from all liability for injury or loss that the student may suffer as a result of participation in Cairns ZOOM activities. I acknowledge that the student must adhere to the Safety Rules and Instructions and that the Cairns ZOOM activities imply some risks and that you judge the student to be physically and mentally fit to undertake the activities so as not to cause injury to themselves or others.

**STATEMENT C: CONDITIONS OF ENTRY AND PARTICIPATION**

1. I agree and acknowledge that admission and participation is at the discretion of the Cairns ZOOM staff and that the student **can be expelled** from the ZOOM activities and the Cairns Wildlife Dome if they are not abiding by the safety rules or are purposely disturbing or agitating the animals.
2. I agree that the student is to carry out all activities in accordance with specific safety instructions both written and verbal by Cairns ZOOM staff.
3. I agree that the student is to wear and not tamper with any and all safety or protective equipment and harnesses supplied by Cairns ZOOM in accordance with the safety instructions.
4. I agree that the student is to wear appropriate clothing (no dresses, skirts) and appropriate closed in shoes and if advised by Cairns ZOOM staff that their present clothing or shoes are inappropriate then to buy or hire suitable attire.
5. I agree that the student is to store all loose items including cameras, watches, phones, jewellery, wallets etc in the lockers or with others and that the student is responsible for their safety.
6. I agree that a certain level of fitness and mobility is required to participate in ZOOM and the student will abide by the Cairns ZOOM staffs' decision if they decide that the student does not meet those requirements. This decision can be made at any time before or during participation.
7. I agree that any films, sound or other recording of the student's ZOOM activities will not be used in any commercial promotion or advertisement without prior written consent of ZOOM management who may use such film, sound or other recordings as it deems fit without my consent.

PLEASE CIRCLE YOUR ANSWER

<b>A:</b> I have read and accept the Medical & Health Conditions Statement as per Statement A	YES / NO
<b>B:</b> I have read and accept the ZOOM Waiver & Release Conditions as per Statement B	YES / NO
<b>C:</b> I have read and accept the ZOOM Conditions of Entry as per Statement C	YES / NO

As Legal Guardian, I have read and understood the Cairns ZOOM and Release Conditions. I have marked 'YES' to Statements A, B & C and by signing below, I agree and unconditionally accept all the conditions stated therein for this person under 18 years old.



PARENT / GUARDIAN SIGNATURE FOR  
PARTICIPANT UNDER 18 YEARS OLD

ZOOM WITNESS

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_