

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)

Α	PARTICIPAN	T DETAILS
Name		The participant's age
Address		
P/code	Phone. (H)	(W)
Name of Group		
В	The participar	
he participant is a	member of the following me	edical fund
he participants me	mber number of that fund is	3
other adverse med	ical condition and is in go	articipant has no current illnesses, injuries or od health. The disclosed matters are: The
	ere set out any illness, adv ffering or has suffered or w	rerse medical condition or ill health from which rite NIL.
the participant is su	ffering or has suffered or w	
Note: If the above needs to be added C AC The participant acknowledges and further acknowledges and on the site at the circumstances deem the case of the participation.	information has already be and supplied to the Tops. CEPTANCE / ACKNOW owledges that a reference to Toknowledges that by reason of Tops Conference Centre (site) affect to any current or past magrees that the participant as risk of the participant. It necessary, to obtain medical	rite NIL. Then collected by the organiser then only Part C TLEDGEMENT OF RISK The Trust in this section C includes its servants and it the nature of activities in which the participant may that there is a risk of injury to the participant and/or redical condition of the participant. The participant engages in activities the participant gives the trust authority, where hal and ambulance assistance for the participant in the while on the site. For risk assessment information
Note: If the above needs to be added C AC The participant acknowledges and further acknowledges and on the site at the circumstances deem the case of the participale visit www.thete	information has already be and supplied to the Tops. CEPTANCE / ACKNOW owledges that a reference to Tops Conference Centre (site) affect to any current or past magrees that the participant arisk of the participant. it necessary, to obtain medicipant suffering injury or ill healt ops.com.au and follow the link.	rite NIL. Then collected by the organiser then only Part C TLEDGEMENT OF RISK The Trust in this section C includes its servants and it the nature of activities in which the participant may that there is a risk of injury to the participant and/or redical condition of the participant. The participant engages in activities the participant gives the trust authority, where hal and ambulance assistance for the participant in the while on the site. For risk assessment information
Note: If the above needs to be added C AC The participant acknowagents and further act participate in at The a risk of an adverse acknowledges and on the site at the circumstances deem the case of the participate visit www.thete	information has already be and supplied to the Tops. CEPTANCE / ACKNOW owledges that a reference to Toknowledges that by reason of Tops Conference Centre (site) affect to any current or past magrees that the participant a risk of the participant if necessary, to obtain medicipant suffering injury or ill healt ops.com.au and follow the linkere	rite NIL. The near collected by the organiser then only Part C TLEDGEMENT OF RISK The Trust in this section C includes its servants and it the nature of activities in which the participant may that there is a risk of injury to the participant and/or redical condition of the participant. The participant engages in activities the participant gives the trust authority, where hal and ambulance assistance for the participant in the while on the site. For risk assessment information is to risk assessment.



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A PARTICIPANT DETAILS				
Name		The participant's age		
Address				
P/code	Phone. (H)	(W)		
Name of Group				
В	The participa	nt warrants:		
the participant is a me	mber of the following me	edical fund		
the participants member number of that fund is				
that apart from the "Disclosed matters" the participant has no current illnesses, injuries of 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 whice the participant is suffering or has suffered or write NIL.				
	ormation has already be d supplied to the Tops.	een collected by the organiser then only Part C		
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 affect 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.	(u18's)	Date		
Relationship to Partici	oant			