**Participation Registration Form**

Note: you **must** complete this Volunteerform to join **[name] BioBlitz**. We need this information for insurance purposes for you. Thank you for your help.

**AGREEMENT: I agree that:**

* I will provide appropriate clothing, equipment and protective gear as advised on my ticket at the time of booking, and displayed on site at [name] BioBlitz.
* I will notify base camp of all relevant medical conditions and pre-existing injuries that may affect my participation.
* I consent to authorise and take full responsibility for medical treatment and associated costs that may arise from withholding any vital medical information.
* I will follow the advice of my survey leader and ensure my actions do not endanger the safety and welfare of others, and ask to clarify any directions that are unclear.
* I will report all safety hazards, injuries or accidents to management immediately.
* I will comply with conservation laws that exists within the National Park and Flora Reserve.
* I agree to the use and publication of images of me, and by me, taken during the [name] BioBlitz by [insert organisation managing the BioBlitz].

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| **Participants full name**Parents/guardians to list and sign off on participants under the age of 18 | **Phone no.** | **Email** | Do you have any disability or health condition that might affect your participation? (please give details) | Do you agree to take responsibility for your decision to participate in activities once risks and exertions have been explained to you? | **Signature -**I undertake to abide by the above agreement |
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