

# MWP COMMUNITY CARE

## EVENT/TRAVEL WAIVER FORM



This form must be completed and signed by you before MWP Community Care will accept your booking for the named event. You must answer all questions honestly to the best of your knowledge. If you are unsure about anything, please ask a MWP Community Care staff member.

### Personal Information (please print in BLOCK LETTERS)

Full Name :

Date of Birth :

Home Address :

Home Number :

Mobile Number :

Email Address :

Are you currently a client of MWP Community Care ?

Are you registered with My Aged Care ?

If YES, what is your My Aged Care Number :

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### Next of Kin / Emergency Contact Information (please print in BLOCK LETTERS)

Full Name :

Relationship :

Phone Number :

Email Address :

Home Address :

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### Event Information (please print in BLOCK LETTERS)

Event Name :

Date of Event :

Location of Event :

Mode of Transport :

NOTE: A description of the above event is **attached** to this form

### Statement of Physical Capability

I am able to do the following without assistance (please circle whichever is applicable):

Making my way across surfaces which can be wet/slippy at times

Yes / No

Guided walks through possible uneven surfaces and over uneven surfaces

Yes / No

I have adequate balance to get in and out of buses and cars

Yes / No

I can walk for at least 20-30 minutes at a time unassisted

Yes / No

### Covid19 Vaccination

I am fully vaccinated (I have had my booster shots)

Yes / No

I am not vaccinated

Yes / No

NOTE: We may at our sole discretion require you to take a Covid Test (a 'RAT') on the morning of the event before you join the group. We will notify you at least 48 hours beforehand if a 'negative RAT' will be required. If you experience symptoms of Covid or Flu prior to the commencement of the event you agree to withdraw from the event. We advise that you might be unable to recover the full cost of advance booking fees, especially for accommodation. I hereby warrant that to the best of my knowledge I am in good health and whilst attending this event I will assume all responsibility for my own health and wellbeing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Medical Information

In the event of accident, injury, or other medical emergency, I hereby give my permission to be transported to hospital for medical attention. If any major medical treatment or intervention is required and I am unable to give directions to medical staff about my care and if my nominated Emergency Contact is unable to be contacted, then please contact the persons below:

Name	:	_____			
Relationship	:	_____	Phone	:	_____
Family Doctor	:	_____	Phone	:	_____
Medicare Number	:	_____	Exp Date	:	_____
Health Fund Provider	:	_____	Exp Date	:	_____

**NOTE:** A description of the above event is **attached** to this form

### Specific Medical Information

We require the following information in case of an emergency. MWP Community Care will take all reasonable precautions to ensure that your information will be held in confidence unless required for your care.

### Medications

Please list below your medications, the dosage and the time taken. Please state if any of the medications are prescription blood thinners.

[Blank text area for listing medications]

Please circle whichever is applicable:

Do you have allergies to anything?  Yes /  No

If yes, please list: [Blank text area]

[Blank text area]

Do you use a Walking Aid?  Yes /  No

Please circle which Aid: Walker / Stick

NB. We are unable to accommodate wheelchair support

Do you have any incontinence or bladder urgency?  Yes /  No

If yes, are you able to manage alone?  Yes /  No

Do you have Sleep Apnoea?  Yes /  No

Do you use a CPAP Machine?  Yes /  No

Do you Sleep Walk?  Yes /  No

Do you have Diabetes?  Yes /  No If yes, Type 1 or Type 2 [Blank text area]

Do you suffer epilepsy or other neurological issues?  Yes /  No

Do you have High / Low Blood Pressure?  Yes /  No

Do you have any implanted devices Eg. Pacemaker  Yes /  No

Do you suffer from Asthma?  Yes /  No If yes, do you carry a Puffer?  Yes /  No

Do you have Chronic Obstructive Pulmonary Disease?  Yes /  No

Other medically diagnosed conditions, please list:-

Please note that non-declaration of a known medical condition may jeopardise not only your participation in an event but also everyone else's. MWP Community Care reserves the right to make the final judgement at its sole discretion as to whether you are deemed fit to take part in the event, and/or participate in any of its organised activities.

The event will be hosted by MWP Community Care Staff and volunteers. No Registered Nurses will be attending or available.

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## Terms and Conditions

### Booking and Payment

A deposit for each booking is required at the time of making your booking. The balance is due 7 days before the event. If you cancel your participation in the event, please note that fees and other charges for the event are non-refundable within 7 days of the event.

### Liability Disclaimer

MWP Community Care reserves the right to vary, withdraw or cancel any scheduled events by written and/or telephone notice in the event they cannot be supplied.

To the maximum extent permitted by law, except where caused or contributed to by negligence on our part, MWP Community Care is not and does not accept any responsibility or liability in contract, tort or otherwise for any injury, illness, death, cost, loss, damage (including but not limited to loss or damage to persons, baggage and property), delay, diversion, variation, postponement, liabilities, expenses or inconvenience arising directly or indirectly from or in connection with:

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## EVENT/TRAVEL WAIVER FORM



a. the acts, errors, omissions, default, or negligence of third-party suppliers or other third parties including government authorities, coach, rail or land carriers, hoteliers or any other suppliers, nor for any consequences thereof, including but not limited to changes to or lack of availability of transport, services, accommodation or facilities; or

b. a Force Majeure Event.

If, during your travel with MWP Community Care, you occupy a transport seat fitted with a safety belt, MWP Community Care is not and does not accept liability for injury, illness, death or other loss, damage or claim arising from any incident or accident where the safety belt is not being worn correctly at the time of any incident or accident.

### **Data Protection & Privacy**

To make your booking we require certain personal information from you. We handle your personal information in accordance with our Privacy Policy which is available on our website at <https://www.mw4pcare.com.au/privacy-policy/> By agreeing to these booking conditions, you agree to the terms of the Privacy Policy.

### **Accommodation (if applicable to the named event)**

We may substitute hotel accommodation of a similar standard in the place of the advertised hotel due to hotel availability issues. Any changes will be notified once confirmed with the hotel. Although we take all reasonable steps to secure the most suitable hotel accommodation for an event, we are not liable to you for the quality, size, or fitness of hotel rooms.



### **Liability Waiver and Release (to be signed by you )**

I, \_\_\_\_\_ wish to participate in the above-named MWP Community Care event for which MWP Community Care will provide transportation. The event will take place under the guidance and direction of employees and/or volunteers from MWP Community Care.

To the extent permitted by law, I hereby waive and release, indemnify, hold harmless and forever discharge MWP Community Care, and its agents, employees, officers, directors, affiliates, successors, volunteers and assigns, of and from any and all claims, demands, debts, contracts, expenses, cause of action, lawsuits, damages, and liabilities, of every kind of nature, whether known or unknown, in law or equity, that I may have, arising from or in any way related to my participation in the event, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, wilful or wanton misconduct by MWP Community Care.

1. I acknowledge, agree, and represent that I understand the nature of the event and that I am in good health and appropriate physical condition to participate in the event. I further agree and warrant that if at any time I believe that I am not in good health and/or appropriate physical condition to participate in the event, I will IMMEDIATELY DISCONTINUE further participation in the event.

2. By this Waiver, I assume any risk, and take full responsibility and waive liability of personal injury; damage, or loss of personal property, associated with the event.

Name of Person Signing \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:-**

**Email: [enquiries@mwpcare.com.au](mailto:enquiries@mwpcare.com.au)**

**or**

**Mail: 3 Gondola Road Narrabeen NSW 2101**