

Paddle Australia Medical Information Declaration

1. Fitness to Participate.

I acknowledge and understand:

- (a) the provision of the medical information below does not in any way effect or reduce the Fitness to Participate declaration I provided and agreed to in the [Paddle Australia Event Entry Waiver](#); and
- (b) the medical information provided will not be assessed by a Paddling Organisation or a medical practitioner to determine my Fitness to Participate.

2. Medical Treatment.

I acknowledge and understand:

- (a) the provision of the medical information below does not in any way effect or reduce the Medical Treatment declaration I provided and agreed to in the [Paddle Australia Event Entry Waiver](#); and
- (b) any remedy or treatment information in respect to the medical information I have provided may not be available to or accessible by the Paddling Organisation to inform any medical treatment I receive. I consent to receiving such medical treatment that a Paddling Organisation reasonably considers necessary or desirable for me during my participation in the Event if I am unable to make a rational decision about my consent to any medical treatment I may require.

3. Information Privacy.

I acknowledge and agree that the medical information I have provided below:

- (a) is sensitive information;
- (b) may be provided to one or more Paddling Organisations including PA and will only be used in accordance with the [PA Privacy Policy](#) and the objects of the Paddling Organisations; and
- (c) does not make any Paddling Organisation a Health Services Provider as defined under the Privacy Act 1988 (Cth).

4. Release and Indemnity.

In consideration of my participation in the relevant Event I, to the extent permitted by law:

- (a) release and will release the Paddling Organisations from all Claims that I may have or may have had but for this release arising from or in connection with my participation in any Paddling Activity and the provision of the medical information below; and
- (b) indemnify and will keep indemnified the Paddling Organisations in respect of any Claim by any person arising as a result of or in connection with my participation in any Paddling Activity and the provision of the medical information below.

Claim means and includes any action, suit, proceeding, claim, demand, damage, cost or expense however arising including but not limited to negligence.

Name	
Address	
Telephone	
Email	

Date of Birth		Medicare No.	
Private Health Insurance		Ambulance No.	

Emergency Contact	
Telephone	
Address	

MEDICAL OR HEALTH ISSUES

Please provide details of any medical or health issues, including severity, triggers, symptoms, treatment.

Medical / Health Issue	Symptoms / Treatment / Medication / Plan
Allergies (specify)	
Other (specify)	
Other (specify)	

Notes:

- In the event of an emergency, this form may be provided to emergency services personnel involved in providing medical treatment.
- This form can be collected at the end of the event. If not collected it will be destroyed.