



DECLARATION FORM FOR EVENTS, ACTIVITIES AND TRAVEL

PROBUS CLUB OF LUGARNO

PARTICIPANT'S DECLARATION

I _____ (NAME OF MEMBER OR VISITOR) hereby apply to participate in the activities of the Lugarno Probud Club (Club) which may involve events, activities and travel and in so doing:

- I understand that I am the person who is fully responsible for the state of my health and I undertake to do all that is necessary so as not to place other participants at risk, including putting them under stress or duress or putting them in danger because of the state of my health or my behaviour.
- I hereby declare that to the best of my knowledge I am fit enough to undertake Club activities and agree to advise the Club should my state of health change.
- I hereby declare that I will only participate in activities where I am physically capable.
- I understand that it is not the role or responsibility of the Club or a Club member to act as a carer should I need one.
- I understand that by completing this declaration that it in no way restricts or limits the insurance cover available to me as a member or visitor through the Probud National Insurance Program while participating in an approved activity of the club.
- I understand that the Probud National Insurance Program does not provide coverage for illness and that I can access information about the coverage available under the program from the Club Administration section of the PSPL website or by contacting the Club Secretary.
- I understand that as a participant, I may appear in photographs taken by the Club which may be used by the Club or PSPL, on their websites, newsletters or on social media.
- I will provide updated emergency contact information should these details change.
- If I test positive for Covid or other serious infection within 48 hours of attending a Club event, activity or outing I will notify the Club via the Club's email address.
- I understand that it is my responsibility to advise the Club Secretary via the Club's email address of any change to this declaration.

PARTICIPANT'S SIGNATURE _____ DATE: _____