

# THE SURF CLUB



S U N S H I N E   B E A C H

## MEDIA RELEASE

This release form is used by the Club for privacy & confidentiality reasons & to ascertain member's authorisation in using details to submit to the paper for publishing (ie carnival results, functions or special achievements). This form is valid for the 2010/2011 season. Please complete & return with your membership renewal. Thank you!

I (insert name/s) \_\_\_\_\_ &

do / do not (*circle the applicable*) authorise Sunshine Beach Surf Life Saving Club to use my details or picture in any publication or advertising relating to surf lifesaving or Sunshine Beach Surf Life Saving Club.

### Complete if applicable

I also give Sunshine Beach SLSC the authority to use/publish my children's details (as per above).

Children's names:

\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL DETAILS

I hereby authorise the obtaining on my behalf of such medical assistance as the abovementioned people may require in the event of accident or illness. I authorise the administering of such medical treatment including the use of anaesthetic, as may be deemed necessary by the Medical Officer attending. I understand that Junior members are covered by the Associations personal accident policy that provides coverage for Non-Medicare medical expenses (ie dental, physiotherapy) subject to a limit of \$2000 and these expenses must be incurred within 12 months of sustaining injury.

Medicare Number: \_\_\_\_\_

Please indicate if any of the above people suffer from an injury, condition or allergy which is likely to be aggravated by the proposed activities and what medication should be administered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Name: (*please print*) \_\_\_\_\_

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

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

Name: (*please print*) \_\_\_\_\_