

1. **Information of the Company / Organization booking the Outdoor Adventure Facilities**

- a. Name of Company /Organization: _____
- b. Address: _____
- c. Name of Person in-charge: _____
- d. Contact of Person in-charge: _____(Hp) _____(O)
 _____(Email)

2. **Information of the Participants using the Outdoor Adventure Facilities**

- a. Name of School /Organization participants are from: _____
- b. Date(s) of Activity: _____
- c. Purpose: _____
- d. No of participants: _____
- e. Profile of participants: _____
- f. Name of Person in-charge: _____

3. **Information of Qualified Instructors to be deployed:**

- a. Please fill in the details below (attached separate sheet if space is insufficient):

No	Name of Instructor	Contact no	Qualification	Expiry Date

4. **Please tick the Outdoor Adventure Facilities & the time slot you are booking:**

- a. Challenge Ropes Course

No	Station	AM	PM
1	High Net		
2	Swinging Planks		
3	Vertical Playpen		
4	Barrel-Vines Traverse		
5	Vertical Poles Traverse		
6	Leap of Faith		
7	Mini Challenge Course		

b. High Elements

No	Station	AM	PM
1	Abseil		
2	Flying Fox		
3	Rock Wall		

c. Team Building Stations

No	Station	AM	PM
1	Nitro crossing		
2	Island Crossing		
3	Mohawk walk / Wild Woosey		
4	High Wall		
5	Time zone		
6	TP shuffle		
7	Bouldering Wall		
8	Cargo Net		

5. There is **insurance coverage** for ALL the participants: Yes / No (delete where appropriate)

6. **Liability Release and Assumption of Risk Agreement**

On behalf of _____ (Name of Company /Organization) :

- I have read the Standard Operating Procedure (SOPs) for the above mentioned facilities and agree to abide by the SOPs.
- I acknowledge and accept that there are inherent risks and dangers incurred by using the above mentioned facilities.
- In consideration of the right to use the above mentioned facilities, I agree to assume all risks of illness, injury or death and agree not to sue and to **RELEASE FROM LIABILITY AND INDEMNIFY** Christ Church Secondary School from all actions, claims or demands for injury, loss or damage regardless of the cause resulting from our use of the above mentioned facilities.
- Should there be any damage to the facilities during the activities, I agree to pay for the damage.
- I have read and agree to accept and abide by this agreement.

Name & Signature of Person in-charge

Date

For official use only

Booking Approved / Not Approved

Approving Officer (name): _____ Signature / Date: _____

Remarks: _____

Safety Facilitator assigned for the booking: _____