



HEALTH AND SAFETY DISCLOSURE

I understand that I have been fully briefed and inducted on the areas that we are going and acknowledge that our guide has shown that he has the necessary safety equipment, emergency procedures plan in place and experience level for our trip.

I understand that my behaviour and conduct must not endanger any other participant on the activity. I have been briefed on potential hazards and risks that we may encounter during this activity, such as banks, rivers, uneven terrain etc. I accept all liability and I will not hold Top of the Lake Guiding or Land owners responsible if I am injured or my actions damage any property.

I declare that I am not under the influence of any substance that may impair my ability, such as Alcohol or Drugs of any kind. I declare that I have no medical issues which may cause any incident to anyone including myself whilst taking part in the activity of Guided Hunting, Fishing or Hiking. People with medical issues should seek professional medical advice before taking part in the activities and disclose any special needs. Any medical conditions must be declared to the guide before taking part in the activity.

I agree to follow any relevant safety instructions at all times when directed. I understand that in the event of injury or in extreme cases death, the Land owner, Guide and Business will not be held responsible. Top of the lake guiding is not responsible for any incidents involving aviation (helicopter or plane related) and I know that partaking in these activities is at my own risk.

I understand that there could be photos/videos taken during the trip which may be used for marketing purposes. I acknowledge that Top of the Lake Guiding owns these images and I give consent for them to be used on social media platforms and the internet: **YES / NO**

Yes I have read and understand/agree to the Health and Safety Disclosure Provided:

Client 1 Name: _____ Sign: _____ Date: _____

Client 2 Name: _____ Sign: _____ Date: _____

Guide Name: _____ Sign: _____ Date: _____

Emergency Contact List

Client 1: Name _____ Ph: _____ Relationship _____

Client 2: Name _____ Ph: _____ Relationship _____