



Royal Coast Walks
Ph: 0424 546921
ABN: 52 955 952 820

Email: ian@royalcoastwalks.com.au
Website: www.royalcoastwalks.com.au

Indemnity Form - Individual

In seeking to participate in a guided bushwalking and/or camping tour with Royal Coast Walks, I accept that there is a small element of risk involved in this activity, including, but not limited to:

1. Medical conditions

If you suffer from any medical condition that you feel could in some way increase your risk of suffering an accident while hiking, please advise your guide prior to undertaking your activity. Please note your guide is trained in Senior and Remote Area First Aid certificates but has no paramedical training.

2. Poisonous creatures

The Australian bush is home to several species of poisonous animals. The most common of these are insects, snakes and spiders. Good footwear, long trousers and careful observation will help reduce the risk of a bite or sting but not eliminate it. Common sense dictates that ALL animals encountered should be left well alone.

3. Treacherous terrain

The Coast Track in the Royal National Park traverses steep cliffs, beaches, scrubland, and rainforests, all of which have inherent dangers from which there will not always be protection in the form of fences, barriers or signed warnings.

4. Sunburn

With lengthy exposure to the sun the risk of burning is quite high, even on cloudy days. Follow Cancer Council Guidelines at all times, which include wearing a hat and sunscreen.

While Royal Coast Walks, and its guides, acknowledge a duty of care to all participants, and are insured for public liability, we strongly recommend taking out individual personal injury and ambulance insurance for the duration of the tour.

I, the undersigned, being aware of my own health and conditions including, but not limited to, the above, voluntarily assume the risk inherent in taking part in such an activity and release Royal Coast Walks, and its employees from liability for accidental injury, illness or loss, which may incur as a result of participating in the said activity.

Name: _____

Address: _____

Emergency contact name: _____

Emergency contact phone number: _____

Signature _____ Date: _____