

# COMBO NATION AUSTRALIA NATIONAL MEMBERSHIP & INSURANCE 2022



Please return this form to your instructor after it is completed and signed by a person of 18 years or older.

The insurance connected to this membership expires on 31/12/2022

Digitally filled forms are accepted.

1 Term	\$25
Half Year	\$40
Annual Insurance:	\$60

## MEMBER DETAILS

FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
ADDRESS	<input type="text"/>	AGE	<input type="text"/>
SUBURB	<input type="text"/>	DATE OF BIRTH	<input type="text"/> / <input type="text"/> / <input type="text"/>
STATE	<input type="text"/>	GENDER	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
POST CODE	<input type="text"/>	EMAIL	<input type="text"/>
MOBILE	<input type="text"/>	HOME NO	( <input type="text"/> ) <input type="text"/>

## IN CASE OF EMERGENCY - PLEASE NOTIFY

FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
MOBILE	<input type="text"/>	AGE	<input type="text"/>
HOME NO	( <input type="text"/> ) <input type="text"/>	DATE OF BIRTH	<input type="text"/> / <input type="text"/> / <input type="text"/>
WORK NO	( <input type="text"/> ) <input type="text"/>	RELATIONSHIP	PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER <input type="checkbox"/>
EMAIL	<input type="text"/>	IF OTHER PLEASE SPECIFY	<input type="text"/>

## MEDICAL DETAILS

PREVIOUS INJURIES	<input type="text"/>
PREVIOUS SURGERY	<input type="text"/>
ADDITIONAL MEDICAL INFORMATION	<input type="text"/>
MEDICARE NO	<input type="text"/>
PRIVATE HEALTH CARE PROVIDER	<input type="text"/>
MEMBERSHIP NO	<input type="text"/>

I \_\_\_\_\_ (Member/Parent/Guardian) give my permission for the member on this form to receive medical/ambulance assistance in case of emergency and agree to pay such costs incurred.

The information provided on this form is complete and true to the best of my knowledge and I undertake to advise Combo Nation Australia promptly of any changes that may occur. I understand that I may access my personal information held by Combo Nation Australia upon Request.

MEMBERS NAME

PARENT/GUARDIAN

SIGNATURE

DATE  /  /

# ACKNOWLEDGEMENT OF RISK, INJURY AND OBLIGATIONS

**PLEASE NOTE: This is an important document, which affects your legal rights and obligations. Please read it carefully and do not sign it unless you understand it. If you are under 18 years old, a Parent or Guardian must sign this form. If you have any questions please ask.**



## IN THE EVENT OF A SERIOUS INJURY

In the event of any serious accidental injury, all Combo Nation Australia Members, Officials and Instructors are covered by a Platinum Liability Policy of up to \$20,000,000. However, Any Combo Nation Australia Instructor, Official or Director may hold the members right to make an insurance claim if that member was:

- Not behaving or repetitively disobeying a fellow member, instructor or officials instructions,
- Attempting a skill, trick or move far beyond their skill level of which they have not trained for in a safe and methodical manner.
- Performing a skill, trick or move motivated by stupidity
- Training or competing under the influence of alcohol, legal or illegal drugs or medications.
- Training or competing on a injury, physical condition or ailment

## ACKNOWLEDGEMENT OF RISK, INJURY AND OBLIGATIONS

I acknowledge that the activities I am to undertake have potential danger and by participating in them I am exposed to certain risks. I acknowledge and understand that whilst participating in such activities;

- Any physical conditions I may have, of which I may not be aware of, which I may or may not have disclosed to Combo Nation Australia or the Australian Tricking Professional servants or agents , may be aggravated or worsened by my participation
- My personal property may be lost or damaged
- I may be injured, physically, mentally, or may die
- Other persons participating in such activities may cause me injury or may damage my property, accidentally or intentionally
- I may cause injury to other persons or damage their property
- The conditions in which activities are performed may vary without warning
- I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of Combo Nation Australia or the Australian Tricking Professionals, its servants or agents
- There may be no or inadequate facilities for treatment or transport of me if I am injured

I assume the risk of, and the responsibility for any injury, illness, death or property resulting from my participation in and activity organised by Tricking Australia or the Australian Tricking Professionals

## RELEASE AND INDEMNITY TO CNA, TRICKING AUSTRALIA AND THE AUSTRALIAN TRICKING PROFESSIONALS

- I participate in the activities at my sole risk and responsibility
- I release, indemnify and hold harmless Combo Nation Australia and Australian Tricking Professionals, its servants and agents, from and against all and actions or claims which may be made by me or on my behalf or by any parties for in respect of arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever
- I give permission that my photograph / video may be taken during my participation, and may be used by Combo Nation Australia in its promotional material. I grant Combo Nation Australia and Australian Tricking Professionals, the irrevocable and unrestricted right and permission to use or alter any photographic / video images of me, or in which I may be included in any media now or hereafter known for any other purpose whatsoever. I hereby release the Photographer and his agents and assigns from all claims and liability relating to the use of the said photographs.

I also agree that in the event that I am injured or my property is lost or damaged, I will bring no claim, legal or otherwise, against Combo Nation Australia or Australian Tricking Professionals, its servants and agents, in respect of that injury, loss or damage.

I will inform Combo Nation Australia or the Australian Tricking Professionals;

- If you believe there is a risk to your health by participating in any type of activity at a class or event held by Combo Nation Australia or Australian Tricking Professionals, you must inform management in writing about the risk
- If you are over 35 years of age and inactive or you have an injury/illness or medical condition that you are aware of, medical clearance from your doctor is required before the commencement of any exercise.

Management reserves the right to refuse entry to Combo Nation Australia sessions or centre it is using and any restricted areas, whether for repair, maintenance or because of restricted use.

**Before signing this document, I have read and understand it, and understand how it affects my legal rights**

MEMBERS NAME

SIGNATURE

PARENT/GUARDIAN

DATE   /   /

## **PAYMENT DETAILS**

### **Direct Deposit & Internet Banking Transferal**

Please Forward All Payments via Direct Deposit to:

Combo Nation  
BSB: 083-832  
ACC: 94-987-8864  
NAB

A receipt will be sent to confirm your payment once you or your instructor has lodged your membership form and the payment has been recieved.

### **MEMBERSHIP LODGEMENT: EMAIL**

#### **Email**

Your Membership form can be emailed to [jonotaiwong@gmail.com](mailto:jonotaiwong@gmail.com) - Digitally completed forms are accepted.

**THANK YOU FOR TRICKING WITH THE COMBO NATION**

*President of Combo Nation Australia*  
**- Jono Wong**