



Telephone: (056) 811-2597 Fax: 086 560 2768

www.whitewatertraining.co.za

wwt@whitewatertraining.co.za

NAME & CONTACT DETAILS

First Names	Surname	Postal Address	
Telephone	Fax	MEDICAL CONDITIONS AND HEALTH	
()	()		
Cell	E-mail	MEDICAL AID MEMBERSHIP	MEDICAL AID NO
()			
ID Number	PAYMENT INFORMATION		
	Paid in full:	YES	NO

NEXT OF KIN

Name	Address	Telephone	Cell	Relationship

COURSE INFORMATION (i.e. which course are you booking for?)

Name	Dates	Venue

INDEMNITY AND WAIVER

I the above signed do hereby vouch that I voluntarily undertake the training course and all associated activities. I vouch that I am in good health. I understand that a training course of this nature involves risks of various kinds associated with outdoor activities, including but not restricted to boating, rescue exercises, emergency response and recovery. I acknowledge that I place myself voluntarily under the leadership of instructor/s and others who may be assigned to conduct the activities. I agree that, should I have a serious problem of any kind with any activity, I will voice my views; and that should I decide, I may withdraw from that activity at my own discretion after informing the instructor/s; and that should I do so, it may influence the evaluation made of me by the instructors. In all matters of dispute I shall have recourse to the WWT Instructor Council for a ruling, which shall be final. No person other than myself is responsible for my actions or omissions. I hold harmless, and waive any claims of whatsoever nature against WWT, its office-bearers, associates, instructors, agents, helpers or fellow course members, and hereby expressly state that I will not deem them responsible or liable for any inconvenience, loss, injury, illness, death or misadventure, to my person or property, of whatsoever nature and howsoever caused. I agree to the conditions of WWT, payment, registration and cancellation and I understand there is no refund in the event of my withdrawal. Footage and photographs can be used for publicity and dvds by WWT.

RIVER GUIDES ONLY:

APA/DEAT Registration No (if applicable): _____

PREVIOUS TRAINING & EXPERIENCE (name, levels & dates, experience, other):

SARA/APA courses	SARA/APA Qualifications	First Aid Courses	Paddling & Guiding experience
1	1	1	1
2	2	2	2
3	3	3	3

EVALUATIONS ONLY:

CURRENT APA REGISTRATION _____ **MEMBERSHIP #** _____ **INITIALS** _____

CURRENT FIRST AID CERTIFICATE(LEVEL) _____ **EXPIRY DATE** _____

COPY OF LOG BOOK CONTAINING 20 LOGGED DAYS: YES/NO _____

FULL RIVER GUIDE EQUIPMENT KIT: YES/NO _____

SIGNATURE:	DATE	PLACE	WITNESS 1	WITNESS 2
			NAME:	NAME:
TRAINEE				
GUARDIAN(IF UNDER 18)	DATE	PLACE	FULL NAME	RELATIONSHIP

INSTRUCTOR	OFFICIAL USE ONLY	UPDATED CONTRACTS	INDEMNITY:
			# OF