Briefing notes for Sea Dippers

- No jumping off rocks
- Take instruction on entering and exiting water from safety officers
- Exit water when instructed, water is cold, do not stay in for a long duration
- Keep all passageways clear i.e. steps into water, main walk ways
- If in distress in water, raise arm in the air to attract attention
- If you feel unwell for any reason during or after plunge, notify a volunteer or first aider
- Anyone with any health issues or health concerns, such as heart conditions, should not participate

Cycle Against Suicide New Year's Day Sea Dip Wavier Voluntary Release and Waiver of Liability, Assumption of Risk and Indemnity Form

PLEASE READ CAREFULLY
By signing this form you are waiving all rights to:
COMPENSATION IN CASE OF INJURY

I fully understand and acknowledge that there are no requirements whatsoever to jump or participate in this event, and that I do so out of my own free choice. I also understand that to jump / walk into the sea can be dangerous and involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity. I therefore commit to follow and implement instruction without deviation.

I also acknowledge that I have been informed that:

1. **People have been injured by participating in polar plunges.**
2. **That there is in fact an inherent risk in participating in polar plunges.**
3. **If I voluntarily choose to participate in this polar plunge, there is a possibility I myself may receive injuries requiring medical attention.**

In consideration for my participation in this event and by endorsement below, I agree to release and hold harmless Fight Against Suicide Limited, their agents, assistants, employees, independent contractors and co-sponsors for any liability whatsoever for any damage or injury, physical or mental, which I might incur as a result of my voluntary decision to participate in this polar plunge.

If I do choose to participate in this polar plunge, I affirm that I have not been coerced or persuaded in any way to do so, and acknowledge that I make this decision voluntary and without reservation. I acknowledge that I am physically able to enter the pool from the platform.

Having assessed and understood this Release Form and understood what is required of me to successfully participate in this sea dip, I hereby, elect, by my signature below, to release Fight

Against Suicide Limited from any claims heretofore and thereafter arising both physically and mentally, from my participation in this event. I also grant Cycle Against Suicide permission to use statements, video images, photographs and other likenesses of myself resulting from my participation in this event.

By signing this waiver, I attest that I am older than eighteen years of age, am not under the influence of alcohol, prescribed or illegal controlled drugs or have any physical or mental conditions that prevent me from participating in this event.

I acknowledge that I have been given the opportunity to ask questions regarding any aspects of the Release contained herein, and by signing below, I do acknowledge that I have carefully read and understood all aspects of the Release and agree to the terms in their entirety.

PLEASE USE BLOCK CAPITALS TO COMPLETE EXCEPT Signature

Participant Name (Please Print)	Signature of Participant
Date	Name & Contact Number of Emergency Contact

Cycle Against Suicide New Year's Day Sea Dip Waiver of Liability, Assumption of Risk and Indemnity Form

PLEASE READ CAREFULLY
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COMPENSATION IN CASE OF INJURY

If you are under 18 years of age all the above regulations still apply but you must receive consent from your Guardian/Parent.

You will not be allowed to participate unless your Guardian / Parent signs below in the presence of a number of the Event Management Team.

Participant Name (Please Print)	Participant's Age
Guardian / Parent Name (Please Print)	Signature of Guardian / Parent
Date	Name & Contact Number of Emergency Contact