



## GROUP WAIVER AUTHORISATION

Lakes Entrance Aqua Park ABN 94 647 279 310

**Date of Event:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

I, \_\_\_\_\_ from \_\_\_\_\_ authorise on behalf of the named participants below or attached, that they or their parents / guardians have given authorisation to participate in activities at Lakes Entrance Aqua Park and release of liability and waiver of legal rights detailed in the Lakes Entrance Aqua Park Participant Waiver.

They are aware of and accept full responsibility for the all the risks associated with their activities. Each participant must also abide by the Lakes Entrance Aqua Park Conditions of Entry and Lakes Entrance Aqua Park activity rules for participation.

Signature \_\_\_\_\_

Dated \_\_\_\_\_

### Please list below or attach the participation list of attendees

Name..... DOB.....

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