

**IMPORTANT: Please complete the booking form and return via fax to 4975 8500, or email to [info@gladstonerc.qld.gov.au](mailto:info@gladstonerc.qld.gov.au). If you have any further questions, please contact the Visitor Services Office on 4971 4444 prior to lodging your form.**

**This Guided Walking Tour Booking Form and Payment MUST be received 3 business days prior to date of activity. The booking is not finalised until payment this form has been lodged, payment has been made and the booking has been confirmed by Council.**

**NOTE: The Organisation is responsible for obtaining signed indemnity forms for every participant and attending Teacher/Parent/Guardian/Carer.**

**APPLICANT DETAILS:**

Organisation/Group:

Primary Contact:

Address:

Phone:

Fax:

Email:

**EMERGENCY CONTACT DETAILS:**

Primary Contact:

Relationship to Organisation:

Mobile:

Work Phone:

Home Phone:

**All tours will meet at the Visitor Services Centre.**

**TOUR SELECTION:**

**Guided Walk**

For a general tour of the Gardens that discusses the plant and animal life of the Gardens and the stories behind them.

Cost: \$2.00 per person

**Bush Tucker Experience**

Learn more about native Australian plants, how they are used, and why they are important.

Cost: \$2.00 per person

**DETAILS OF VISIT:**

Date/Time:

Number of participants:

Total cost:

Age range/grade levels:

Number of Teachers/Parents/  
Authorised Attendees attending  
(if participants are under 18 years of age):



## Booking Form Guided Walking Tours

**Special needs (e.g. mobility):**

**What you would like to see  
or learn about on your tour:**

**Desired length of time for tour:**

**Any additional information  
about the group:**

### APPLICANTS AGREEMENT:

By signing this participation form, I confirm that I have read and understood this form, including the Terms and Conditions of Payment below. I also understand that it is the responsibility of the Organisation to obtain signed indemnity forms for everyone who will be participating in the activity and/or events nominated in this form by the Organisation. I confirm that I am able to make this agreement on behalf of the Organisation set out in this form.

**Printed Name:**

**Signature:**

**Collection Statement:** Gladstone Regional Council is collecting the information on this form for the purpose of processing this application. This information may be accessed and used by authorised employees of Council. The information provided on this form, including and personal information, will not be used for any other purpose without your permission, unless authorised or required by law.

### PAYMENT DETAILS:

#### TERMS AND CONDITIONS OF PAYMENT

- Payment must be made by credit card (by completing the Credit Card Section on this form and submitting it with this form) or in person at any of Council's Administration Centre's. Cashiers hours may vary at each office. General operating hours are from 9am to 4.30pm - Monday to Friday
- Payment and this completed Participant Form is required 3 days prior to the date of the activity or event. Non Payment of non-supply of a completed Participation Form may result in cancellation of the activity or event.
- Cancellation is required 3 days prior to date of activity or event. No refunds of payments made will be given for cancellations after this time.

**Payment Options - Only to be completed if NOT paying at a Council Office in person**

**CREDIT CARD →**

Visa

Master Card

AMEX

**Name on Card:**

**Expiry Date**

Card Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

**CHEQUE**  attach cheque or money order made payable to Gladstone Regional Council.

#### MAIL COMPLETED FORM TO:

Gladstone Regional Council, Parks and Environment Department, PO BOX 29, GLADSTONE DC QLD 4680

Fax: 4975 8500

Email: [info@gladstonerc.qld.gov.au](mailto:info@gladstonerc.qld.gov.au)

**OFFICE USE ONLY**    **Receipting Code: RC155**

**Date:** \_\_\_\_\_ **Receipt Number:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **Cashier Name:** \_\_\_\_\_

**Tondoon Botanic Gardens Guided Walking Tours**  
**Statement of Risk; Council Disclaimer; Participant Assumption of Risk,**  
**Release, Indemnity and Undertaking; Consents and Medical Information Form**

**1) Statement of Risks Associated with Tondoon Botanic Gardens Guided Walking Tours**

The Tondoon Botanic Gardens Guided Walking Tours ("Programme") is not considered dangerous in itself. Nevertheless, as with any recreational activity, nobody can guarantee that it is free of any risk of Injury or Damage, direct or consequential.

**2) Gladstone Regional Council Disclaimer**

Neither Gladstone Regional Council nor its Representatives, except as required by law, accept responsibility for the safety, health, security injury, loss or damage (real or consequential) of:

- a) Participants whilst attending the programme or for property in their possession or under their control brought onto Council controlled property accessed as a consequence of attendance at the Programme; and
- b) Persons who might be consequentially affected (e.g. a dependant of the participant) who suffer any Injury, Loss or Damage as a result of the participants' attendance at the Programme.

**3) Participant Assumption of Risk, Release, Indemnity and undertaking**

- a) I have read, and I understand, the above Statement of Risks and the Gladstone Regional Council disclaimer.
- b) I understand that neither attendance at, nor participation in, the Programme is free of risk.
- c) Despite any risks, I voluntarily consent to the attending at and participating in the Programme by myself and/or Participants for whom I am responsible.
- d) I voluntarily accept all risks of attending at or participating in the Programme of myself and/or such Participants for whom I am responsible including all risks of Injury and Damage that I and/or the such Participant may suffer as a direct or indirect consequence of my attending and/or allowing the Participant to attend or participate in the Programme.
- e) In consideration of Gladstone Regional Council allowing me and/or the participant to participate in the Programme I release Gladstone Regional Council and its Representatives from responsibility or liability to me and/or the Participant for Injury and/or Damage that I and/or the Participant sustain, directly or indirectly:
  - i. when or as a consequence of attending at or participating in the Programme; and/or
  - ii. as a consequence of myself and/or the Participant suffering Injury or Damage as a consequence of attending at or participating in the Programme, irrespective of how the Injury or Damage occurs.
- f) I indemnify Gladstone Regional Council and each of its Representatives against all loss and expense incurred by myself and/or the Participant, including to any Dependant of myself and/or the Participant, arising directly or indirectly from my and/or the Participants participation in the Programme including:
  - i. Any injury, loss or damage, that is suffered by myself and/or the Participant or any person in the care, custody or control of myself and/or the Participant; and
  - ii. Damage to property in my possession or in the possession of any person in my care, custody or control that occurs as a result of participation in the Programme.
- g) I consent to Gladstone Regional Council and/or its Representatives taking whatever action deemed necessary to ensure the safety, well-being and satisfactory conduct of myself (and/or Participants authorised by me) whilst attending the Programme.
- h) I am aware this consent may include my being asked to remove myself from the Programme and/or Participants authorised by me being removed from the Programme.
- i) In the event that Participants authorised by me are required by Gladstone Regional Council or its Representatives to be removed from the Programme I agree to pay the Gladstone Regional Council any costs incurred in such a removal.
- j) I also agree to pay Gladstone Regional Council for any costs incurred by Gladstone Regional Council in repairing any deliberate damage caused by myself and/or Participants authorised by me during participation in the Programme.
- k) Terms

In this part, Part 3, and in Part 4:

- i. "Damage" means damage or loss including incidental loss;
- ii. "Dependant" means any person dependant on the Participant
- iii. "Injury" means illness, injury, adverse physical reaction, or death;
- iv. "Participant" means the person intending to participate in or attend the Programme;
- v. "Representative" means an employee, contractor, and volunteer.



**Tondoon Botanic Gardens Guided Tour**  
**Statement of Risk; Council Disclaimer; Participant Assumption of Risk,**  
**Release, Indemnity and Undertaking; Consents and Medical Information Form**

**4) Consent of Participant** (Or Parent/Guardian of Participant when Participant is under 18 years of Age)

(a) I **do / do not** give my consent for Gladstone Regional Council or its Representatives to take photographs and/or recordings of myself (and/or Participants authorised by me) whilst participating on the tour and to use these photographs and/or recordings in any Tondoon Botanic Gardens educational materials and promotion.

(b) I **do / do not** give my consent for Gladstone Regional Council to retain and use individual work of myself (and/or Participants authorised by me) produced whilst participating on the tour (e.g. poems, artwork, etc.) in any Tondoon Botanic Gardens education materials and promotion.

**5) Medical Information (in relation to the Participant)**

- Sensitivities / allergies to: Horse serum (tetanus antitoxin), Sulpha, Penicillin, any other drug or foods.

**Yes / No** .....

- Name any illnesses or conditions for which the Participant is now undergoing treatment and list any medications that the Participant is currently taking:

.....

- Name any past medical conditions which may affect the Participants ability to participate in the Tour:

.....

**6) Emergency Contact Information**

- Primary Contact: .....
- Relationship to Participant: .....
- Phone: .....

**NOTE: Gladstone Regional Council does not provide sickness or accident insurance for Participants.**

**It is the responsibility of each Participant to ensure that they, and/or Participants authorised by them, are covered by such sickness or accident insurance policies.**

**7) Authorisations**

.....  
*Participant's Name (print)*

.....  
*Parent or Guardian Name if Participant is under 18 years of age (print)*

**Signature of Participant / Participant's Parent/Guardian**..... **Date:** .....

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