

Mooloolaba Surf Life Saving Beach Wheelchair Booking Form (SLS Current Financial Member)



Name of SLS Club:

Date(s) Required:	
Time(s) Required:	

Name of person accepting responsibility for the hire of the Beach Wheelchair: <i>(Hirer and user must be current financial members of SLS)</i>	
Mobile Number:	

Beach Wheelchair Safety Checklist	
The SLS Member who is responsible for the hire and / or use must confirm and sign that they understand the following:	
<input type="checkbox"/>	Although the beach wheelchair is designed for use on beach sand, it is less maneuverable than a regular wheelchair and requires additional pushing effort. Please exercise caution when pushing the wheelchair across soft sand or along uneven terrain.
<input type="checkbox"/>	The user cannot operate the chair alone. It will be necessary for someone to push the chair.
<input type="checkbox"/>	Depending on the size and weight of the individual using the chair and the type of sand it is used on, it may be necessary for more than one person to assist in pushing the chair.
<input type="checkbox"/>	The chair is designed to convey individuals across beach sand. It does not float and may become unstable on soft sand. Please do NOT place an occupied chair near rough surf as the possibility of unpredictable wave action could place the chair occupant in danger.
<input type="checkbox"/>	Sharp objects can puncture the tyres on the chair. Please do NOT use the chair if a tyre becomes deflated or if the chair becomes damaged in any way.
<input type="checkbox"/>	I have inspected the chair and find it to be in proper working condition. While in my possession I will take proper measures to care for the chair and will return it in like condition.
Signature:	
Date:	

Name of the SLS Member / lifeguard responsible for the hire:	
Signature:	
Date:	

Beach Wheelchair return checklist**The SLS member or lifeguard responsible for receiving the hire should check the following:**

<input type="checkbox"/>	The Beach Wheelchair has been returned in a timely manner, as per the booking form
<input type="checkbox"/>	The Beach Wheelchair has been returned in good working order
<input type="checkbox"/>	The wheels of the Beach Wheelchair have been hosed off with fresh water
<input type="checkbox"/>	The beach wheelchair has been appropriately stored

Name of the SLS Member / lifeguard responsible for receiving the hire:	
Signature:	
Date:	

LOAN OF BEACH ACCESS WHEELCHAIR (BAWC)

DATE:	DATES REQUIRED: from / / to / /		
TIME	TIMES REQUIRED		
NAME OF PERSON ACCEPTING BAWC:			
PHONE:		MOBILE:	
<p><i>Record details of Driver's Licence here: (including current address)</i></p>			
NAME & ADDRESS OF ACCOMMODATION HOUSE: <i>(if applicable)</i>			
Conditions for loan of BAWC (tick to confirm you understand and will comply as required)			<input checked="" type="checkbox"/>
I agree to use the BAWC in accordance with the written instructions provided.			
I acknowledge Surf Life Saving Australia (SLSA) makes no warranties as to the BAWC and its fitness for purpose.			
I understand the BAWC should not be taken into water to a depth greater than 15cm, and understand that if the chair is placed in water greater than that depth, the risk of personal injury to the user of the chair may increase.			
Before using I agree to check that all lynch pins and washers in the BAWC are in place.			
After each use I agree to rinse the BAWC in fresh water.			
I understand the user assumes all risk of injury due to use of the BAWC. SLSA accepts no liability to the extent permitted by law. I indemnify and will keep indemnified SLSA in respect to any claims that may be made by any person arising from use of the BAWC.			
I will return the BAWC to the location from where it was taken by the due date set out above.			
I agree to borrow the BAWC under the conditions listed above.			
<p>..... <i>Signature of person accepting the beach access wheelchair and agreeing to the above conditions</i></p> <p>..... <i>Signature of SLSA authorised person loaning the beach access wheelchair and distributing the above conditions & written instructions</i></p> <p>Date:</p>			
DATE RETURNED:			
SLSA AUTHORISED PERSON SIGNATURE:		HIRER'S SIGNATURE:	



Waiver of Liability and Assumption of Risk for the use of Beach Wheelchairs

Surf Life Saving ("SLS") provides this beach wheelchair as a community service and free of charge. Please read this declaration and familiarise yourself with the safe use and care of the chair.

Safety:

- Although the beach wheelchair is designed for use on beach sand, it is less maneuverable than a regular wheelchair and requires additional pushing effort. Please exercise **caution** when pushing the wheelchair across soft sand or along uneven terrain.
- The user cannot operate the chair alone. It will be necessary for someone to push the chair.
- Depending on the size and weight of the individual using the chair and the type of sand it is used on, it may be necessary for more than one person to assist in pushing the chair.
- The chair is designed to convey individuals across beach sand. It does not float and may become unstable on soft sand. Please do NOT place an occupied chair near rough surf as the possibility of unpredictable wave action could place the chair occupant in danger.
- Sharp objects can puncture the tyres on the chair. Please do NOT use the chair if a tyre becomes deflated or if the chair becomes damaged in any way.
- If possible please hose off the wheels after use on the beach. Please ask a lifesaver for assistance with this and to stow the chair after use.
- Please seek further advice from lifesavers regarding beach conditions and use of the chair.

Waiver:

I have **read** the information above and **understand** that a beach wheelchair possesses characteristics that are different from a conventional wheelchair.

I have **inspected** the chair and find it to be in proper working condition. While in my possession I will take proper measures to care for the chair and will return it in like condition.

I **understand** that improper use of this chair will NOT be covered by insurance and may result in damage to property, injury and in most serious cases death or disability.

By signing this waiver I **understand** the operation of the wheelchair and assume all risks associated with its operation. I **acknowledge** that the beach poses many dangers including prevailing conditions and other forces of nature which are often unpredictable. I **acknowledge** that my use of the wheelchair is at **my own risk** and that it is my responsibility to determine the suitability of use.

I **release and forever discharge** SLS from all Claims that I may have or may have had arising from or in connection with my use of the wheelchair.

I **indemnify and hold harmless and will keep indemnified** SLS to the extent permitted by law in respect of any Claim by any person arising as a result of or in connection with my use of the wheelchair.

In this declaration:

"Surf Life Saving" means Surf Life Saving Australia ("SLSA"), Surf Life Saving Q;D, the Surf Life Saving Club providing the wheel chair ("SLSC") and the Surf Life Saving Branch of which the SLSC is a member; and

"Claim" means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising.



Privacy:

I understand that the information obtained by SLS is for the purposes of record management and to monitor the use of the beach wheelchair. All information obtained will be dealt with in accordance with the SLSA Privacy Policy 6.02 which is available via the SLSA website.

Details of hirer, or if under 18 years of age details of guardian/ carer:

Name:	
Signature:	
Date:	