



Government of **Western Australia**
WA Country Health Service

RURAL AND REMOTE RETRIEVAL WEEKEND

Thursday 17 May to Sunday 20 May 2018

KARIJINI ECO RETREAT | KARIJINI NATIONAL PARK

PARTICIPANT REGISTRATION FORM

Post to: Rural Health West Events
PO Box 433 Nedlands
Western Australia 6909

Telephone 08 6389 4500
Facsimile 08 6389 4501
Email events@ruralhealthwest.com.au

Title Dr Mr Mrs Ms

First name _____ Surname _____

Practice/organisation _____

Job title GP DMO GP Registrar Intern Other _____

Address _____

State _____ Postcode _____

Telephone _____ Mobile _____

Email _____

RACGP or ACRRM registration number _____

Special dietary requirements _____

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PARTNER/FAMILY REGISTRATION FORM

PARTNER

First name _____ Surname _____
Mobile _____ Email _____
Special dietary requirements _____

FAMILY

Child one

First name _____ Surname _____
Age _____ Gender _____
Special dietary requirements _____

Child two

First name _____ Surname _____
Age _____ Gender _____
Special dietary requirements _____

Child three

First name _____ Surname _____
Age _____ Gender _____
Special dietary requirements _____

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PARTICIPANT CONFIDENTIAL MEDICAL STATEMENT

First name _____ Surname _____

Address _____

State _____ Postcode _____

Date of birth _____ Age _____

Level of fitness Low Below average Average Above average High

Please note: the event organisers recommend at least average fitness to participate in the program activities.

I am able to walk 18 kilometres plus climb 1,000 stairs in one day.

Known pre-existing illnesses _____

Allergies _____

Medications _____

Next of kin contact (due to no mobile phone coverage within Karijini National Park, your emergency contact person cannot be an accompanying person)

First name _____ Surname _____

Relationship _____ Telephone _____

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LIMITATION OF LIABILITY

I understand that as a registered participant I am fully responsible for my own, my partner's and children's travel and health insurances. I also understand, if I'm a parent, my partner or I will remain fully responsible for our children at all times while at Karijini National Park.

By registering as a participant I agree to keep released and indemnified, Rural Health West, its officers, employees and contractors ('the indemnified parties') from and against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs and expenses of any nature whatsoever which the indemnified parties may suffer or incur or which may at the time, be brought or made against them (or any of them) in respect of or in connection with:

- the injury, illness or death to any person;
- any loss of any kind; or
- the destruction or loss of or damage to any property.

In the event of a genuine emergency, as a participant, I understand that the team of experienced emergency physicians and other medical professionals in attendance will only be assisting in a 'good samaritan' capacity and are not liable should they render emergency care at the scene of the accident.

Signature _____

PRIVACY STATEMENT

The *Privacy Act 2014* provides that before your personal contact details can be published or made available to major sponsors, exhibitors and other parties directly related to the conference, you must give your consent.

Please tick this box to indicate your consent.

For information on the Rural Health West Privacy Statement, please visit www.ruralhealthwest.com.au/privacystatement.

PHOTO PERMISSION

Photos may be taken by Rural Health West staff during the course of this event. These photos may be used in Rural Health West marketing material to promote future conferences and in the *Rural Health Matters* newsletter. If you do not want your, or your accompanying family members' photos taken or published, please advise a Rural Health West staff member.

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EVENT COST

Prices below are participant prices and include registration, accommodation, on-site transport and all meals. For further information on each option, please visit www.ruralhealthwest.com.au/conferences.

Option 1 \$1,600 PP

KING ECO TENT

- I will be staying on my own
- I will be sharing with my partner/family

Family costs

- Partner: \$450 including accommodation and all meals
- Child: \$250 per child including accommodation and all meals (up to two children)

Option 2 \$1,350 PP

TWIN SHARE ECO TENT

- I will be sharing with:
Name _____

OR

- Please allocate accommodation on my behalf

Option 3 \$1,200 PP

TRIPLE SHARE ECO TENT

- I will be sharing with:
Name _____
Name _____

OR

- Please allocate accommodation on my behalf

Option 4 \$1,050 PP

QUAD SHARE DORM ECO CABIN

- I will be sharing with:
Name _____
Name _____
Name _____

OR

- Please allocate accommodation on my behalf

Option 5 \$950 PP

CAMPING

Bring your own equipment – see full details on website.

- I will be camping alone
- I will be joined by my partner/family

Family accommodation costs

- \$60 per additional person for three nights (children under 12 are free)

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FAMILY CAMPING MEAL OPTIONS (BYO BREAKFAST)

Lunches \$18 per person (adult or child – includes snacks)

Thursday Quantity _____ **Friday** Quantity _____ **Saturday** Quantity _____

Adult dinner \$55 per adult – per dinner

Thursday Quantity _____ **Friday** Quantity _____ **Saturday** Quantity _____

Child dinner \$25 per child – per dinner

Thursday Quantity _____ **Friday** Quantity _____ **Saturday** Quantity _____

FAMILY ACTIVITIES

Friday morning program (Weano day-use area) Number of people _____

Friday afternoon program (Joffree lookout) Number of people _____

Saturday full-day program (Dales day-use area and Visitors Centre) Number of people _____

TRAVEL

Participant airport transfer (included in conference cost)

Spouse airport transfers \$100

Child airport transfers (minimum of 8 years of age) \$50 per person

Self drive

I will be driving alone

I will be driving with _____

I will be driving from _____ and am happy to share transportation to Karijini Eco Retreat with another delegate. I am happy for my details to be passed on so I can make contact accordingly.

TOURS

Morning of adventure \$250 per person Number of people _____

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PAYMENT DETAILS

Please charge the total payable amount to the following credit card (Visa or Mastercard only).

Visa Mastercard

Card number

Expiry date /

Name of cardholder _____
Please print clearly

Cardholder's signature _____

Total amount \$ _____

If you have any queries, please contact the Events team: **T** 08 6389 4500 | **E** events@ruralhealthwest.com.au

CANCELLATION POLICY

If registration is cancelled by **6 April 2018**, a full refund is given. If registration is cancelled after **6 April 2018**, a refund of 50 per cent is given. Refunds will not be issued for any registrations cancelled after **7 May 2018**.

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