Group Activity Sheet

SOUTHERN ACT
CATCHMENT GROUP INC

Group Name:

Date	Name	Contact Details	Time on	Time off	Hours	Signature

BY SIGNING THIS GROUP ACTIVITY SHEET YOU AGREE THAT YOU ARE MEDICALLY FIT AND WILL ABIDE BY THE RULES AND REGULATIONS AS INSTRUCTED BY THE GROUP COORDINATOR. I RELEASE THE GROUP, COORDINATOR AND GROUP MEMBERS FROM ALL CLAIMS, RIGHTS OR CAUSE OF ACTION WHICH I OR MY CHILD, OR ANYONE CLAIMING THROUGH ME OR MY CHILD, MAY HAVE AS A RESULT OF INJURY, DAMAGE OR LOSS OF PROPERTY, HOWEVER CAUSED, ARISING FROM THIS EVENT.