

# **Application for Security Pass/Office Key**

 $\label{lem:please} P lease return this form to your Manager or SportAus contact. \\ (Please PRINT all details - All signatures required)$ 

# Personal details

First Name			Last Name		
Job title			Program		
Phone			Mobile		
Email					
In case of emergency					
Contact name:			Contact number:		
My employer is:	:				
○ ASC/AIS	○ NSO	Other	Please specify	,	
My status is:					
Ongoing	Casual	Contract	Contract End Date	e:	
I understand that I will:  - Not allow any other person to use my pass or keys  - Report to ASC Security & Program Manager immediately if my pass or keys are lost or stolen  - Return my ID card and keys to Security on cessation of employment or access period at the ASC/AIS					
Ideclare and warrant that if accessing the AIS High Performance Centre facility, that I have met the specific minimum requirements detailed on the form. I understand that if requested, I must provide the ASC with evidence to demonstrate that I satisfy the requirements detailed on the form. I understand that if requested, I must provide the ASC with evidence to demonstrate that I satisfy the requirements detailed on the form. I understand that if requested, I must provide the ASC with evidence to demonstrate that I satisfy the requirements detailed on the form. I understand that if requested, I must provide the ASC with evidence to demonstrate that I satisfy the requirements detailed on the form. I understand that if requested, I must provide the ASC with evidence to demonstrate that I satisfy the requirements detailed on the form. I understand that if requested is the following the ASC with evidence to demonstrate that I satisfy the requirements detailed in the following that it is the following that it					
ASC include AIS. The co	nditions applying to your use	of the AIS Facility are set ou	ut in this form. <i>These co</i>	The AIS is a division of the ASC. References in this form to the nditions apply to all use by you of any part of the AIS Facility at lelow to confirm your acceptance.	
In consideration for being permitted to use the AIS Facility, I accept the conditions set out in this form applying to my use of the AIS Facility.					
Signature of user [			D	ate:	
From the Approving Officer I approve the issue of an ID pass and keys for the site facilities below and I understand it is my responsibility to advise Security of a change of circumstances to the person above:					
Access details					
Does the applicant require access to AIS High Performance Facilities?					
No Yes Ifyes, please forward this form to AIS_Performance_Services@ausport.gov.au					
Purpose of access to AIS High Performance Centre?					
Permitted pur	pose for access:				
DiningHallAccess:		IfYes, CostCentre/Re	eferenceNumber:		
Name:			Signature:		
Position			Date:		
Please bring this form to Security when requiring the ID pass. To be completed by ASC Security section					
UserNumber:			Created by:		
	Date Field Security Officer Signature:				

ID issued - Y/N KeyIssued - Y/N

# **Conditions of Use**

## lagreeto:

(a) only use those parts of the AIS Facility that the ASC has authorised me to use and do so only for the purposes and at the times authorised by the ASC and I acknowledge that the ASC may at any time revoke or vary any authorisation:

(b) comply with all policies or rules of the ASC applicable to visitors to or users of the AIS Facility, including those applicable to particular parts of the AIS Facility used by me, where such policies or rules have been notified to me (including by verbal notice or by signage);

(c) comply with all directions given to me by ASC personnel in relation to my use of the AIS Facility including to cease any use;

(d) at all times maintain a high standard of personal behaviour that is, as determined by the ASC, dignified and conducive to sporting excellence;

(e) not consume to bacco products at the AIS Facility, other than in designated smoking areas;

(f) not consume alcohol at the AIS Facility, other than in licensed areas provided that I am not a minor;

(g) neither possess nor use illegal or prohibited substances at the AIS Facility; and

(h) notuselegalorpermissible substances in an irresponsible or dangerous manner at the AIS Facility.

- If issued with a security pass and/or key for use at the AIS Facility, I agree to:
  - (a) keep the pass and key safe secure at all times;
  - (b) not allow any other person to use my pass or key;
  - (c) immediately advise ASC Security if my pass or key is lost or stolen;

and

(d) return my pass and key to ASC Security at the end of my access period or immediately if requested by the ASC at any earlier time.

- (a) if I have been authorised by a medical practitioner to self-inject with regard to a documented medical condition, notify the AIS Chief Medical Officer at the start of my access period of the details of my condition;
- (b) not possess any hypodermic needle, unless I am a medical practitioner or authorised by a medical practitioner;
- (c) notself-injectany substance, unless I am authorised by a medical practitioner with regard to a documented medical condition; and
- (d) not allow any person other than a medical practitioner to administer an injection to me, such injection only to be administered for the treatment of a documented medical condition.
- I agree, acknowledge and authorise as follows: 4
  - (a) I agree to comply with the ASC Anti-Doping Policy;
- (b) I agree to comply with any other anti-doping policies applicable to me;

- (c) I acknowledge and agree that information relating to my whereabouts while using or scheduled to use the AIS Facility may be provided to the Sport Integrity Australia (SIA) for doping control purposes; and
- (d) lauthorise the ASC to disclose any personal information that it has collected regarding me to third parties for the purposes of investigating possible breaches by me of the ASC Anti-Doping Policy or any other anti-doping policy applicable to me.

# I acknowledge and agreethat:

- (a) authorised representatives of the ASC or SIA may, at any time and without prior notice, enter any AIS Facility premises (including any room in which I reside), conduct a random or targeted search that has been authorised by the ASC Chief Executive Officer or their delegate, and remove any goods, materials, documents, electronic information or substances they believe to be evidence of a possible breach of the ASC Anti-Doping Policy or other antidoping policy applicable to me or of a law;
- (b) I will comply with all reasonable directions given to me by the authorised representatives of the ASC or SIA during any search conducted under paragraph (a), including to remain present for the duration of the search;
- (c) all property in my room, including any third party property, is deemed to be my responsibility and in my care, custody and control and able to be searched and seized under paragraph (a);
- (d) evidence of the results of a search conducted under paragraph (a)or the seizure of any goods, materials, documents, electronic information or substances by the ASC under paragraph (a), including any items found in my possession, may be used against me in any investigation or proceeding; and
- (e) that the ASC may disclose the results of a search conducted and/ or provide the items seized under paragraph (a) to any sporting organisation of which I am a participant or member and/or to any relevant authority including the police.

## I acknowledge and agreethat:

- (a) the ASC will not meet the costs of any medical or hospital services incurred by me in connection with my use of the AIS Facility, except the costs of medical services provided by ASC medical practitioners where provision of such services has been separately agreed in writing by the ASC;
- (b) the ASC will not provide me with medical advice with regard to my medical fitness or my ability to participate in sport or physical exercise, unless provision of such services has been separately agreed in writing by the ASC; and
- (c) where relevant to my use of the AIS Facility, I must disclose to the AIS Chief Medical Officer or other ASC medical practitioner full details of all injuries and illnesses which affect my ability to train or participate in sport or physical exercise.

### lauthorise:

- (a) any medical practitioner, sports scientist or the rapist that I consult at the AIS Facility to provide details to the AIS Chief Medical Officer of any illness and injury that I have sustained or may sustain, any psychological condition, the diagnosis or treatment that has been made or prescribed for me, and any detection of a prohibited substance or its metabolites or markers or other evidence of a suspected breach of the ASC Anti-Doping Policy;
- (b) the AIS Chief Medical Officer to make full disclosure to the AIS Director, the ASC Chief Executive Officer and my coaches and team officials of any information obtained pursuant to paragraph (a); and
- (c) the ASC to retain any medical information obtained in respect of paragraph (a) and its publication in medical or scientific papers, provided that such publications protect my anonymity.
- lacknowledge that, as a user of the AIS Facility, I am not authorised to make any statements on behalf of the ASC or AIS or to represent myself as being an "AIS athlete", "AIS coach", "AIS official" or the like.
- I consent to the use by the ASC in any media for the purpose of promoting the ASC or the AIS Facility of any images or videos taken of me at the AIS Facility with myknowledge.
- I acknowledge that closed circuit video security monitoring and recording devices are used throughout the AIS Facility and that information obtained from such devices may be used for investigations as to alleged breaches of these conditions, other security investigations and law enforcement purposes and may be provided by the ASC to third parties for such uses.
- lagree to keep confidential any confidential information of the ASC disclosed to meduring my use of the AIS Facility.
- I agree to release the ASC, its officers, employees and agents from all liability to me, whether in contract or tort or under any statute, for:
  - (a) any illness, injury or death that I may suffer;
- (b) any loss of or damage to my property or to property for which I am
- (c) any other loss, liability, cost or expense I may incur, as a result of or in connection with my use of the AIS Facility. This clause 12 survives the end of my access period.
- I indemnify the ASC, its officers, employees and agents against all losses, liabilities, damages, costs and expenses (including legal costs on a solicitor and own client basis) that the ASC, its officers, employees or agents may sustain or incur arising out of or in connection with:
  - (a) any breach by me of any of these conditions; or
- (b) any negligent, unlawful or wrongful act or omission by me in connection with my use of the AIS Facility. This clause 13 survives the end of my access period.
- Without limitation to any other clause, I acknowledge that if I do not comply with any of these conditions my use of the AIS Facility may be terminated immediately by the ASC.