CONSENT & ACKNOWLEDGEMENT OF RISK FORM 2015

ORGANISATION/SCHOOL:    YR LEVEL:    PROGRAM DATES:

CHILD’S NAME:

Please complete the Form below and over leaf and return to Student Services

This is an important document which may affect your legal rights and obligations. Please read it carefully. If you have any queries please call our office on 8165 2022. All personal information will be filed in accordance with the Privacy Act, 1988

General Consent

- I (Parent’s name) ________________________________ acknowledge that Wilderness Escape Outdoor Adventures Pty Ltd will provide my child ________________________________ with access to a variety of activities which will be supervised by Wilderness Escape Outdoor Adventures Pty Ltd (“the activities”).

- I acknowledge that these activities may have inherent danger or risk involved and I acknowledge responsibility for my child participating in these activities. I have read the parent letter and understand the nature of the camp my child is attending.

- I acknowledge that during all such times whilst my child is participating in the activities I will not hold Wilderness Escape Outdoor Adventures Pty Ltd liable for any personal injury or loss of property whatsoever and I agree to indemnify and keep indemnified Wilderness Escape Outdoor Adventures Pty Ltd against all such injury or loss except to the extent that such personal injury or loss of property is occasioned by neglect, default or omission by Wilderness Escape Outdoor Adventures Pty Ltd or their consultants, employees, contractors or agents (as the case maybe).

- I give consent for my child to stay in the top bunk at campsites which have dorm accommodation.

Equipment

- I agree that I will pay any reasonable cost of repair or replacement to equipment or facilities that may be damaged by the actions of my child beyond that of normal wear and tear.

Medical Consent (please tick Yes or No)

☐ Y ☐ N I hereby authorise Wilderness Escape Outdoor Adventures Pty Ltd staff and consultants to obtain any necessary medical assistance for my child should any medical problem or accident occur and I expressly agree to be responsible for all such medical expenses incurred.

☐ Y ☐ N In the event that a teacher/staff person cannot, I give permission for Wilderness Escape Outdoor Adventures Pty Ltd staff or consultants to administer to my child medication as instructed. I will provide all such medication in clearly labelled doses or original containers.

☐ Y ☐ N I give permission, in the case of an emergency, for my child to be transported to hospital by Ambulance and I expressly agree to be responsible for all costs associated with such transportation to and hospital admission.

☐ Y ☐ N Fitness to Participate: Based on my child’s current medical status and the information I have been provided with in the Parent Letter my child is fit to participate in the programmed activities. Please note if you are uncertain about their “Fitness to Participate” due to medical grounds please consult your family physician.

Swimming Consent (please tick Yes or No)

☐ Y ☐ N I give permission for my child to participate in aquatic activities which may result in them swimming. I understand that students will be appropriately briefed prior to participating in such activities and that appropriate safety equipment and footwear will be worn where deemed necessary by staff supervising the activity. Swimming is only permitted with staff supervision and parental consent.

Photographic / Video consent (please tick Yes or No)

☐ Y ☐ N I give permission for my child to be a part of group photos or video footage taken of their participation within the camp activities by school staff and Wilderness Escape Outdoor Adventures Pty Ltd for use in brochures, school newsletters/publications or other promotional material.

Please send me information about the WEOA, AO or VCR programs yes/no

Email address: ________________________________________

(People will be sent information as a default response if a response is not indicated). All personal information will be filed in accordance with the Privacy Act, 1988. Please sign below

(Parent) (Print Name) (Date)

(Child) (Print Name) (Date)

(Witness) (Print Name) (Date)