



## CONSENT AND INDEMNITY FORM AND RISK WARNING

(To be filled in by parent or guardian if participant is under 18 years old)

I, \_\_\_\_\_ am aware in signing this document for my daughter/son/ward's participation in a Land's Edge Program, that certain elements of the Program could be **physically** and **emotionally** demanding. Furthermore, I acknowledge that in providing me with this document, Land's Edge has warned me and/or my daughter/son/ward that certain **inherent physical and/or emotional risks** and **dangers exist** in the activities in which my daughter/son/ward will be participating. I acknowledge that while Land's Edge and its staff will make every **reasonable effort** to teach my daughter/son/ward **proper outdoor techniques** and to **minimise exposure to known risks**, all **hazards** and **dangers** associated with these activities cannot be foreseen or may be beyond the control of Land's Edge, its instructors or staff.

I have **read** and **filled in** the attached **Medical Form and Asthma/Allergic Reaction Management Forms**. I have also read the **Gear List** and will ensure that all items listed will be brought to the Land's Edge Program and they will be in good working order. I understand that this is a condition of participation in the Program.

My daughter/son/ward will fully comply with Land's Edge safety standards and procedures as outlined by Land's Edge staff, operators and agents for each activity in which they participate. Failure to abide by these guidelines could compromise the safety and well being of other participants and staff. I agree that if my daughter/son/ward suffer illness or injury during the course of Land's Edge activities, Land's Edge staff, operators and agents can at my cost arrange appropriate medical treatment and emergency evacuation services, as they deem essential for their safety. I acknowledge that this agreement shall be governed in all respects by and interpreted in accordance with the laws of Australia.

Tick where appropriate:

- I authorise staff to apply sunscreen and insect repellent to my daughter/son/ward
- I understand that electronic equipment (game boy, mobile phones, etc) are not permitted during the Holiday Program
- I give permission for my 8 to 9 year old daughter/son/ward to view an appropriate G rated movie. I give permission for my 10 to 12 year old daughter/son/ward to view an appropriate PG rated movie.
- I give permission for my daughter/son/ward's photo to appear in promotional material
- I give permission for my daughter/son/ward to sleep in a top bunk

Student name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_