

WAIVER FOR PARTICIPANTS

I (name of participant) wish to participate in
 the (name of activity) from to

I understand that the activities in which I may participate in:

- will be physically and emotionally demanding; and
- may involve a significant risk of physical harm.

My participation in any activity is voluntary and not compulsory.

I understand certain inherent risks exist in the activities in which I will be participating. Although the organisation will provide me with appropriate directions and will endeavour to minimise my exposure to the risk of harm, these inherent risks are beyond the control of YouthZone, its volunteers and staff and cannot be avoided by the exercise of reasonable care and skill. Inherent risks include changes in weather conditions and difficulties in obtaining emergency medical assistance.

Please feel free to contact Edgee Ribeiro on **(02) 9580 8008** if you require more information.

PARTICIPANT DETAILS

Name: Age:

Address:

Phone/s:

Please give staff the details of any Medical or other conditions that we should be aware of.

PARENT/GUARDIAN PERMISSION

As a parent/guardian I understand that while participating in the YouthZone activities my child will receive reasonable care and attention for their safety. I understand that YouthZone are under no liability for any personal injury. In the event of illness or accident I authorise the obtaining on my behalf of such medical assistance as my child may require, and I agree to meet any attached expenses. The information I have given is true, and if there are any changes I shall notify the YouthZone staff immediately.

Name: Signature:

Parent/Guardian Contact Number/s:

Other Contact Name and Number: