**TPC Overnight Camp at Woods Reserve Campground**

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| Risk Warning and Consent Form |

We refer to the Men’s Event – Overnight Camp on (date) which the Tuggeranong Presbyterian Church is conducting.

We understand that you and/or your child wishes to attend this activity. There are certain risks inherent in this activity and it is important that we draw these to your attention before you and/or your child participates in the activity. It is a requirement of the Church and its Insurer that before you or your child undertakes this activity, you complete the **Risk Warning Form** and **Higher Hazard Risk Event Form** and return them to us.

Please complete the below forms and return them to us prior to the event on (date). Please note that we will observe strictly the requirement, no form, no attendance.

Please note that the obligation to take out insurance to cover personal injury to you/travel insurance rests with you.

Yours sincerely

(xxx)

Organiser

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| Form B – Risk Warning Form  **(To be filled in by person with parental responsibility or Adult participant)** |

This form is to be used for **participation by other persons engaging in risky or hazardous activities**

**RISK WARNING**

I am aware in signing this document for my participation in the Activity, that certain elements of the Activity may be physically and/or emotionally demanding. I acknowledge that in providing me with this document, the Organisation has warned me that certain inherent physical and/or emotional risks and dangers may exist in the Activity.

I acknowledge that while the Organisation and its staff will make every **reasonable effort** to **minimise exposure** to **known risks**, all **hazards** and **dangers** associated with these activities (including but not limited to the risks identified in the Schedule below) **cannot be foreseen** or may be beyond the control of the Organisation and staff. I agree that I understand the general nature of these risks may include:

* physical and/or bodily injury including but not limited to fractures, strains, sprains, lacerations, spinal injuries, partial and/or total paralysis, head or brain injuries, loss of limb or body part; and
* psychological injury, stress and/or emotional distress; and
* associated trauma; and
* death

howsoever caused.

1. I (Name of Parent or Guardian)
2. please advise relationship if participant under 18 (Relationship)
3. Name of participant if under 18 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s Name)

agree to abide by any safety guidelines and/or written and/or verbal instructions in relation to the Activity as established by the Staff of the Organisation in charge for the duration of the Activity.

I acknowledge that failure to abide by these guidelines could compromise my safety and well-being, other participants and staff. I/My child would then be directed to leave the Activity at my expense.

I acknowledge that the warning contained in this document constitutes a risk warning pursuant to the *Civil Liability Act* 2002.

Signature of adult participant or person with parental responsibility. (Sign)

Date:

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| Form A - Higher Hazard Risk Event Form  Note: Without completion of this form no participation in the event will be permitted | |
| **WHO** | Organisation Name: Tuggeranong Presbyterian Church (TPC)  Including The Presbyterian Church of New South Wales, and the Presbyterian Church (New South Wales) Property Trust (collectively referred to as “the Organisation”) | |
| **EVENT** | When:  Times: From to  Where: Woods Reserve Campground and Square Rock Walk  Details: TPC Men’s Overnight Camp with the church youth | |
| **MEDICAL INFORMATION** | Name of Student/Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact No.: Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medicare No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Detail any medical conditions the participant suffers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name medications taken regularly and during an attack including dosage and how often taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Describe any other illness, physical disabilities, or allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List any other information that may assist the Organisation’s staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **MEDICAL AUTHORITY & CONSENT** | I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) of the above address acknowledge the above event entails certain risks inherent in this type of activity. I also acknowledge the Organisation and its helpers will make every reasonable effort to ensure the safety of the participant which may attract injury or loss.  I authorise the Organisation to arrange immediate medical attention or treatment, including surgery and/or administration of anaesthetics as the case may require, or is likely to require. Such treatment will be authorised in writing or otherwise.  I accept responsibility for payment of any expenses incurred, including transportation.  I also acknowledge the Risk Warning constitutes a risk warning pursuant to the Civil Liability Act 2002 (including any amendments).  Signed: Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_  Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | |