



## Activity Consent Form U18

*Note: This modified Indemnity form is only to be completed by those participants who have completed a full Adventure Services Program Induction Form within 12 months. Please check through Program Induction Form and note changes.*

Date:..... Name.....:

Emergency Contact ..... Phone/Mobile.....

### PARTICIPANT CONSENT

I understand that the program will include the following activities.....

and I agree to follow the advice and direction of the leaders at all times. Signature.....

### INDEMNITY

1. I/We, the parent's/legal guardian/s of **(name)**.....

consent to his/her participation in the program to be held **(date)**.....

at **(location)** .....

I/We give permission for my child to participate in all the activities, which includes **(list activities)**

I hereby give permission for my child to be transported on the program in a vehicle that is appropriately insured.

2. I/We consent to Baptist Care (SA) Inc. (which, in this document includes its agents and employees) Adventure Camping Leaders obtaining any medical treatment, for my/our child.

My/our Medicare number is.....

I agree to inform Adventure Camping staff of all medication to be taken on the program. I hereby give permission for BC(SA) Adventure Camping staff to issue medications if elected to do so and to administer nominated medications if required.

3. I/We understand that in addition to inherent risks associated with Adventure Camping activities there are additional risks and dangers that may be encountered which may include: remoteness to normal medical services; moderated physical exertion for which my child may not be prepared, weather extremes subject to sudden and unexpected change; evacuation difficulties if your child is impaired.

I/We understand that my child will observe and fully comply with the safety standards and procedures, as described by Adventure Camping staff for each activity.

I/We consent to Baptist Care (SA) calling an ambulance service if, in its absolute opinion, it is required, and I/we agree to indemnify and hold forever indemnified Baptist Care (SA) from all costs arising from or associated with its decision to use an ambulance service.

I understand that BC(SA) Inc. shall not be liable for physical injury, or personal loss or damage to personal property except where such injury, loss or damage is due to negligence on the part of BC(SA), its agents and servants; AND I will indemnify and hold harmless and will keep indemnified and held harmless BC(SA) and its agents and servants from all claims, costs, damages, loss, expenses, actions or proceedings arising out of, connected with or in any way related to my child's participation on the program.

Signed.....(Parent/Guardian)

This (date).....day of (month) .....20.....