

[RISK WAIVER FORM – ADULT RESPONSIBLE FOR A CHILD

RISK WAIVER FOR A CHILD TO BE COMPLETED WITH THE SIGN ON SHEET BEFORE AN ACTIVITY BY THE ADULT RESPONSIBLE FOR A CHILD

Blue Mountains Conservation Society Bushwalking Group (Name of Club)

.....(Name of Walk/Activity)

I (name of person) am over the age of 18 years and undertake to be responsible for

.....(name of child) whose date of birth is...../...../.....

I have been authorised to be responsible for (name of child) by the child's parent/guardian.

I understand that (name of child) may be exposed to risks that could lead to injury, illness or death or to loss of or damage to the child's property. Those risks may include but are not limited to slippery and/or uneven surfaces, rocks being dislodged, falling at edges of cliffs or drops or elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion and:

.....
.....

.....(Leader to insert any known additional risks for the day.)

To minimise these risks I will ensure that..... (name of child) will obey directions which are given by me and the leader of the activity. The activity is within the child's capabilities and she/he is carrying food, water and equipment and wearing clothing and footwear appropriate for this activity.

I do not believe that the child is taking medication or has limitations which will prevent the child from successfully completing this activity.

If the child is unable to complete the activity or is having difficulties then I undertake to notify the leader and make arrangements if necessary to shorten the activity for the child. I will make every effort to ensure that I and the child remain with the rest of the party during the activity and accept the instructions of the leader of the activity.

I have read or heard and understand these requirements. I have considered the risks before choosing to sign this Risk Waiver form. I still wish to join the activity with the child. I agree by signing this form to waive any claim for damages arising from this activity that I or the child may have against the club, the leader or other participants in tort or contract. I further agree that any record of First Aid administered to me, may be stored in the BMCS archives for the required period

Signed.....(DATE).

.....(PRINT NAME)

.....ADDRESS)

.....PHONE)