

Student Consent Form

Camp Agreement

I agree to my child's / ward's attendance at the below mentioned program
Hunter School of Performing Arts Yr.11 PDHPE Program 24-26 September 2018

As parent / guardian I understand that Barrington Outdoor Adventure Centre and its instructors will take reasonable care for the welfare and safety of those attending the camp but are not responsible for any accident or sickness otherwise occurring. I acknowledge that going on camp may involve my child's / ward's participation in activities of a hazardous nature, though Barrington Outdoor Adventure Centre and its instructors will take reasonable care to minimise risk to participants.

I have detailed herein and on any attached pages any disabilities or susceptibilities affecting my child / ward that may place him / her at greater than normal risk. I authorise Barrington Outdoor Adventure Centre and its instructors to obtain medical assistance and ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and ambulance transportation. I acknowledge that I am able to obtain private insurance cover for my child / ward in respect of any accidents or sickness at the camp. Should my child / ward need to be returned home for any reason I will cover any associated costs.

I acknowledge that during camp my child / ward may be taken swimming and I give my permission to do so.

I consent to my child / ward attending camp on this understanding.

Privacy Statement:

Barrington Outdoor Adventure Centre will collect and store the information you voluntarily provide to enable processing of enrolment for programs/camps. The information will be provided to instructors/guides of the program and their supervisors, where necessary and you consent to this disclosure. Any information provided by you will be stored in a database that will only be accessed by authorised personnel and is subject to privacy restriction. The information will only be used for the purpose for which it was collected. Any information provided by you to Barrington Outdoor Adventure Centre can be accessed by you during standard office hours and updated in writing or by contacting us on (02) 6558 2093.

I also declare that I have read and understand the information within the Student Information Pack/Guidelines and will read the Gear checklist for my child's / ward's safe participation and will ensure they attend with all items listed.

I also understand that it is a condition of participation to accurately complete the following medical forms.

Media Consent:

I agree to allow Barrington Outdoor Adventure Centre to use any photographs or video taken of my child / ward at this program for the promotion of its services through promotional DVD or on their websites.

Students Name

Parent/Guardians Name

Parent/Guardians Signature

Date