

FOR PARENTS

Student Permission Form

Parents please read, complete and return to your school. The activities planned for the Gympie Primary Leaders Day will be facilitated by staff and volunteers who are trained and/or experienced in working with students. For each activity a comprehensive Risk Management Plan has been developed, however you are advised that all the activities have inherent risks. We advise that students attending the Gympie Primary Leaders Day PARTICIPATE AT THEIR OWN RISK.



**WEDNESDAY 26TH
FEBRUARY 2020**
Cooloola Christian College
1 College Rd, Southside

To ensure that you understand this, please read and tick the following:

I understand that artificial wall climbing involves an element of risk that may result in various injuries and that such injuries may result in death or serious disability. I also understand that indoor climbing is physically demanding and in susceptible people may cause panic, hyperventilation or heart attack. Furthermore, it is my responsibility to inform the organisers of any medical condition that may affect the participation of myself/child(ren).



Yes

☐

I am aware of the risks of indoor climbing and wish to allow my child(ren) to participate and do so entirely at my own risk of injury or bodily harm to my child(ren).

Yes

☐

I am aware that an appropriate Risk Assessment has been completed for all the Gympie Primary Leaders Day activities and that my child(ren) will comply with any control measures put into place for the health and safety of all participants.

Yes

☐

I hereby release the organisers of this event, Cooloola Christian College, College Board Members, CCC Staff, Vertec Adventure and its facilitators and Volunteer Climbing Instructors or any other persons involved in my child(ren)'s participation in activities at this event from any suit, demand, action or claim for compensation whether for personal injury or damage to property arising from my child(ren)'s participation.

Yes

☐

I am aware that this waiver is ongoing and I furthermore acknowledge that this document is contractual and may be relied upon in any proceedings by me, my heirs, executors and assigns.

Yes

☐

I grant permission for photos/video of my child(ren) to be used for publicity in school newsletters/local print media/television or in publications for future Gympie Primary Leadership events.

No

☐

Yes

☐

I grant permission for trained volunteers/staff at this event to provide appropriate first aid or seek medical treatment in the event of injury or illness if required.

Yes

☐

In signing this form as parent or legal guardian, I grant consent for my child/children to participate in the activities as outlined in the information sheet provided to me.

Yes

☐

Please tick each box

SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____

FAMILY PHONE NUMBER: _____ MOBILE PHONE NUMBER: _____ DATE OF BIRTH: ____ / ____ / ____

EMERGENCY CONTACT: _____ PHONE: _____

Please tick if your child suffers from any of the following:

___ ALLERGIES ___ EPILEPSY

___ ANAPHYLAXIS ___ OTHER

___ ASTHMA

Details (if any box is checked): _____

STUDENT'S SCHOOL: _____

PARENT SIGNATURE: _____ DATE: _____

NOTE: Personal Information collected on this form will be used only for administrative purposes for this event and in accordance with Qld Information Privacy Act, 2009.

ATTITUDE, NOT APTITUDE DETERMINES ALTITUDE