



LAIDLEY VALLEY ROPES COURSE
Child (under18) Waiver

Group Name:..... **Date of Attendance:**.....

The program in which your child will participate involves a variety of learning activities. Some of these may be of an outdoor and/or experiential nature.

Laidley Valley Ropes Course (LVRC) endeavours to make all of our activities both challenging and safe. However, the person ultimately responsible for their safety is the participant. Please read the following carefully and sign to show that you understand and accept the responsibility. Your parent/caregiver also needs to give their consent for your participation.

I, understand that the activities conducted by LVRC may be mildly to moderately active.

Activities are carried out on a **challenge by choice** basis: therefore I may decline to participate in any or all of the activities. Should I choose to participate, I accept responsibility for that choice and for any consequence of such participation.

This program includes activities, which may involve physical contact between participants (including instructors). Any physical contact in this program would be a result of a learning experience in a cooperative situation as a member of a team. These situations are based on a practical application of skills and techniques associated with this program. Any concerns I may have, regarding this, will be voiced to the instructor prior to the commencement of this program, or during the program as the concern arises.

I authorise LVRC, their agents or servants to render first aid to their level of competency and to obtain any medical assistance them deem necessary in the event of any accident or illness suffered by me.

I also authorise qualified practitioners to administer anaesthetic, blood and blood products, antivenom or any medication such practitioners deem necessary.

Due to personal and/or religious reasons, I make the following stipulations regarding medical assistance should it be deemed necessary.

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I recognise that the appropriateness of any medical aid that I might receive is influenced by the information I have provided regarding my health. I recognise that it is my responsibility to comprehensively and accurately fill in and return all forms pertaining to my current state of health prior to the start of the program. The following medical information is pertinent to my health today, ie. current medications, allergies etc.

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Participants Signature: Signed: Date:

Students under 18 years of age –
PARENT/CAREGIVER CONSENT

I have read the information above and give my permission for my child to participate in the low ropes activities. The information listed above is true and correct.

Signed - Parent/Caregiver Date Phone No.