

Office Use Only

Amount Paid: \$..... Received By SURNAME:

Method : Cash/Chq/EPOS. FIRST NAME:.....



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SCHOOL HOLIDAY PROGRAM - Parents Consent –Student Recreational Activity Form

Title of Workshop:

DATE:

TIME:

AGE:

VENUE: Art Gallery Workshop

COST: Public (inc GST) Friends of the Gallery(inc GST)

Please return completed form & payment (no later than 5 working days prior to commencement of workshop) in reply paid envelope

Purpose of the consent form

This form is intended to ensure that you (the parent/guardian) provide informed consent for your child/children to participate in the activity organised by the Greater Shepparton City Council, on the terms and conditions set out in this form. This form contains terms which are of legal force and effect and the council asks that you read the form carefully and, if necessary, obtain your own advice on the effect of the form before signing it and being bound by it.

Effect of the consent form

Without limiting the effect of the form, it provides in summary that;

1. Payment and completed form – (no later than 5 days prior to commencement of workshop) to secure your booking, as places are limited.
2. You consent for your child/children to participate in the activity on the terms set out by the council.
3. You agree for your child/children to participate at their sole risk.
4. If your child/children is injured or suffer loss during the activity you/they may not be able to take any action against the council, its employees, volunteers, servants and agents. Participants suffering harm are presumed or you are presumed to be aware of obvious risks unless the participant/you prove, on balance of probability, they/you were not aware of such a risk. The council has no liability for harm suffered from obvious risks of dangerous recreational activities. Further, the council has no duty owed to participants engaged in recreational activity if they/you are warned of the risk involved
5. If your child/children cause injury or loss to a third party during the activity and the third party takes action against the council, you agree to indemnify (reimburse) the council for any cost or loss that the council may incur as a result.
6. You authorise the council, its employees and volunteers to organise and consent to any medical treatment that your child/children may require during the activity, at your own cost.
7. I give my permission for my child to be photographed during the workshop activities for purposes of future

advertising and publication of Art Gallery workshop activities

Please circle your answer:

YES

NO

If the activity is physically demanding the following terms and conditions shall apply.

I am aware that the activity, in addition to the usual inherent damages has certain additional dangers and risks for my child/children which may include, but not limited to:

- *Physical Exertion for which my child /children may not be prepared.*
- *Weather extremes subject to sudden and unexpected change.*
- *Remoteness to normal medical services*

What you agree to

I hereby agree for my child/children to participate in the activity on the terms and conditions set out in this form. I understand that those terms and conditions effect their/ my legal rights and obligations and that I have had adequate opportunity prior to signing this form to obtain independent legal and other advice on the effect of signing this form.

I accept the inherent risk of the (describe activity) on behalf of my child/children and possibility of injury, death, property damage or loss resulting there from. I acknowledge that whilst the Greater Shepparton City Council will make every reasonable effort to minimise exposure, not all dangers associated with this (describe activity) can be eliminated.

I hereby agree to indemnify the Greater Shepparton City Council its Councillors, employees, volunteers, servants and agents from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against them , or any of them, arising from my child/children participating in the activity directly related to my child's/children's negligent acts, errors or omission.

I further authorise the employees, volunteers, servants and agents of the Greater Shepparton City Council who are to supervise the activity to obtain such urgent medical assistance and treatment, including the administration of a general anaesthetic and the giving of blood transfusions and other medical and hospital services as they may be advised are necessary and/or appropriate for my child/children and I further agree to pay the costs of such treatment.

In entering into this Agreement, I am not relying on any oral, written or visual representations or statements by the Greater Shepparton City Council or its Councillors, employees, volunteers, servants and agents or any other inducement or coercion for my child/children to participate in the activity.

As the parent/guardian, I confirm that I have read and understand this Agreement prior to signing it and agree that this Agreement will be binding on my heirs, next of kin, executors, administrators and successors.

DATE:

SIGNATURE:

(Parent/Guardian)

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PARTICIPANT MEDICAL CHECKLIST

Please Note: The following information is required so as to assist in the rendering of urgent medical assistance only for my child/children only.

Participant name/s:-----

IN CASE OF EMERGENCY PLEASE PHONE;

Signed: _____ (Parent/Guardian)

PRINT Name: _____

Address: _____

Emergency Contact Phone during workshop time#. _____

Date: _____

Ambulance membership number is: _____

Participant next of kin is:

_____ (Name)

_____ (Address)

_____ (telephone numbers)

MEDICAL CHECKLIST

Known medical conditions (optional to be used in case of emergency only)

Condition	Treatment

Current medications

All information in the Parent Consent Form- Child Recreational Activity Form collected constitutes "Personal Information" and under the Information Privacy Act 2000, will solely be used by the Greater Shepparton City Council for that primary purpose or a directly related secondary purpose. The information provided will not be disclosed to third parties without your consent unless required by law.