

Parent or Guardian Consent/Activity Restrictions

Name of School: _____ School Year: _____

All activities are instructed by qualified staff, your child's teachers are also always present at activities and free time.

Please peruse the activity list included. Activities are planned with the age and ability of the students involved in mind. Time constraints may prevent students being able to do every activity listed, however if there are any activities that your child is not permitted to participate in, for medical or personal reasons, please inform your child and give details:

I agree to my child/ren _____ participating in all the activities at The Great Aussie Bush Camp.

I understand that although The Great Aussie Bush Camp and its service providers attempt to minimise any risk of personal injury to my child, there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program.

In the event of an emergency, and I am unable to be contacted, I authorise my child receiving such medical treatment that is deemed necessary. I also undertake to cover any costs that may be incurred with any medical treatment received, ambulance transport and drugs while my child is at The Great Aussie Bush Camp.

Full Name of Parent Guardian _____ Date ____ / ____ / ____

Signature _____

Media Consent

(Strike out whichever does not apply)

I agree / I do not agree to allow The Great Aussie Bush Camp to use any photographs, sound and film recordings taken of my child while they are at camp, for the promotion on of this facility in the media and advertising programs.

Full Name of Parent/Guardian _____ Date ____ / ____ / ____

Signature _____

THE GREAT AUSSIE BUSH CAMP

