

Liability Release and Express Assumption of Risk

Read this first!

Cataract Scout Park at Appin NSW provides instruction of Adventurous Activities* where the stimulation of the activity is derived in part from the inherent risk of participation in such activities. Cataract Scout Park provides relevant safety/protective equipment and procedural instruction deemed necessary for safe activities. However, when established safety procedures are not followed the level of risk associated to participation in such activities is increased.

The purpose of this document is to inform you/your child of some of the potential risks involved with Adventurous Activities* and of the conduct required of you/your child during the activity. Your signature on this form is required in order for you/your child to participate in any activity offered by Cataract Scout Park at Appin NSW.

Please read carefully and fill in all blanks before signing!

Booking Ref Number:

Group name:

I,

of

(Participant Name)

(Participant Address)

hereby acknowledge that I have been advised and thoroughly informed of the inherent risks of Adventurous Activities*.

In particular, I acknowledge that I have been advised: "please tick the following boxes"

- That Adventurous Activities* involve certain inherent risks and that such risks may result in significant injury or disablement.
- That Adventurous Activities* involves exposure to the natural elements including, but without limiting, the generality hereof storm, tempest, wind, sun. Such exposure brings with it the attendant risk of significant injury or disablement.
- That the Adventurous Activities* offered in Cataract Scout Parks programs are designed to provide you/your child with a safe introduction to these activities. The instruction offered within the activity is only intended to prepare you/your child as a competent participant for the duration of the activity. I further understand and agree that prior to undertaking any further similar activity, you/your child must be thoroughly instructed in the use of equipment in a specific training course under the direct supervision of a qualified instructor.
- That you/your child will listen carefully to directions and respect the advice of those supervising any activity that you/your child is a participant in.
- That you/your child must remain constantly alert when assisting in the safety of other participants and must maintain vigilance for potential hazards, including the wearing of safety/protective equipment provided to reduce the risk of identified potential hazards.
- That Adventurous Activities* may be physically demanding requiring a basic level of physical fitness and that you/your child does not suffer from any illness or incapacity that may limit or prevent participation in such activity.
- I agree for my child/myself to attend the Park and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise the Cataract Scout Park staff, where it is impracticable to communicate with me, to arrange for my child/myself to receive such medical or surgical treatment as may be deemed necessary. I also agree to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child/ward/myself is attending the Park/enrolled in the program.
- I understand that although Cataract Scout Park and its service providers attempt to minimise any risk or personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at the Park as part of the program and I accept that risk.
- I have read the above statement and have had any questions answered to my satisfaction. I understand the importance and purpose of these established practices. I recognise they are for my/my child's own safety and wellbeing, and that failure to adhere to them can place myself/my child or others in considerable danger whilst engaging in these activities.
- I further state that I am of lawful age and are legally competent to sign this liability release, or that the written consent of a parent/guardian has been obtained. I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act.

Media consent Please tick whichever applies to you/your child:

- I consent/ I do not consent to allow Cataract Scout Park to use any photograph, sound and film recordings taken of my child/myself at this program for the promotion of Cataract Scout Park and initiatives to the media and to the general public.

Name of Participant (print)

Signature of Participant

Date

Name of Parent/Guardian (if the participant is under the age of 18 years old)

Signature of Parent/Guardian

Date

Adventurous Activities* are those outlined but not limited to any activity tabled within the Cataract Scout Park Activity List.

Special Medical Requirements

Group Name:

Participant Name:

Allergies Non-food related

- Insect bite/sting (specify below)
 Medication (specify below)
 Flora (e.g. plants/grasses)
 Other (specify below)

Other/further information _____

Have you been hospitalised with a severe allergic reaction Yes No

Have you been prescribed an adrenaline auto injector (EpiPen or AnaPen) Yes No

Do you have an Action Plan for anaphylaxis (Please attach and return with this form) Yes No

Other/further information _____

- Swimming ability**
 Strong - 50 metres unaided
 Average - 25 metres unaided
 Poor - 10 metres unaided

Other/further information _____ Non - swimmer

Health details and related information

Does the participant suffer from the following? (Please attach details as required)

- Diabetes
 Epilepsy (provide action plan)
 A current illness (e.g. flu)
 chronic illness
 Attention deficit disorder (ADD/ADHD)
- Disability
 Asthma (provide asthma plan)
 Behavioural problems
 Sleep walking
- Other
 Further information _____

Has he/she had the Combined Diphtheria Tetanus Toxoid booster injection? Yes No Year _____

Current medication (To be managed by your group).

Time and dosage - please specify exact time of medications (attached details as required)

(Attach additional list if needed)	Breakfast		Lunch		Dinner		Before bed		Other	
Name	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose

Notes
