

THE OUTDOOR ADVENTURE COMPANY PTY LTD

Trading as Outdoor Adventure Camps

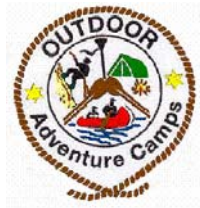
Campsite: 256 Webbs Creek Rd, Wisemans Ferry 2775

W: www.outdooradventurecamps.com.au

E: steve@outdooradventurecamps.com.au

P: 4566 4366 F: 4566 4288 M: 0427 077 805

ABN: 21 101 573 406



PARENTAL ACKNOWLEDGEMENT AND CONSENT FORM FOR CHILDREN ATTENDING CAMP TO BE HELD AT OUTDOOR ADVENTURE CAMPS PTY LIMITED.

I (parent's name) acknowledge that my child (child's name) will be attending a school camp operated by The Outdoor Adventure Company Pty Limited (OAC) on behalf of (school) as part of the School's regular program to be held from to (camp dates).

I acknowledge that I have been informed of the activities to be undertaken on the camp and of the nature of the camp site and that there are some inherent risks of injury in these activities. I understand that the OAC has assured the School that the camp personnel are suitably experienced and qualified, have developed safety procedures and will use their skills to promote the safety of the participants.

I agree that the School may provide to OAC on a confidential basis, personal information about my child including health information given to the School to help in providing proper care for him/her. I declare that there is no health reason why my child should not attend the camp and that I have provided to the School all health information necessary for his/her care on the camp.

Add here any new or changed health information not previously provided to the School.

If there is any health reason why your child should not take part in any one or more of the activities please indicate the activity and the reason.

I declare that my child is capable of co-operation with the camp personnel and acknowledge that he will be under the care of such personnel at various times during the camp. I acknowledge that OAC has assured the School that such personnel have been screened and checked in accordance with child protection legislation and regulations.

I agree that the personnel of OAC will have during the camp, the same authority to authorize emergency treatment for my son/daughter as the School and I agree to provision of first aid treatment where reasonably thought to be needed by personnel of OAC.

SIGNED		DATE	
---------------	--	-------------	--

**PARENTS – FOR MORE INFORMATION REGARDING YOUR CHILD'S SCHOOL CAMP VENUE,
PLEASE SEE OUR WEBSITE AT:
www.outdooradventurecamps.com.au**