

ALL NATIONS BUSHWALKERS

CHILD RISK WAIVER FORM

ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS

I am the Parent/Guardian of:

Name of Child _____ born on ___/___/___

I consent to the above-named child participating in the activities of All Nations Bushwalkers. I am aware that this child, in voluntarily participating in the activities of this Club, is risking injury, illness, death and loss of, or damage to, their property.

Typical risks may include but are not limited to hypothermia, slipping on loose or icy surfaces, slipping on rocks, falling rocks, exposure, snake bite, bee stings and other insect attacks, burns, drownings, stepping into unseen holes, accidents during vehicle travel to activities, navigation errors and becoming lost.

To minimise risks, I will undertake:

- to inform myself of the nature of the activities and ensure that they are within the child(ren)'s capabilities;
- to ensure the child carries food, water, clothing and equipment appropriate for the activity;
- to advise the Walk Leader of any physical or other limitation, or any dependence on medication, that may require urgent attention during the activity;
 - to explain to the child the need to:
 - make every effort to remain with the rest of the party during the activity;
 - advise the Walk Leader of any concerns they are having; and
 - to comply with all reasonable instructions of the leader.

I understand these risks and requirements. My consent is binding on the above-named child.

Name: _____

Signature: _____

Date: ___/___/___