



# Alstonville Pathfinder Club



## General Consent and Release Form

I declare that I have read the information sheet and personal equipment list for my safe participation in \_\_\_\_\_(activity), held on \_\_\_\_\_(date) and will endeavor to ensure I have all the necessary items. I also understand that it is a condition of participation to accurately complete a health record for the club and advise of any changes on the back of this form. I give permission for the administration of panadol if required.

I have been informed of the nature of the activity and understand that there may be an element of risk involved. I agree to be responsible for taking the time to learn safety techniques and the proper use and limitations of the equipment I will be using. I acknowledge I may refuse to participate in any part of the activity I feel apprehensive about, (if this does not endanger myself or the other participants and leaders).

I agree that if I suffer injury or illness, the organizers can arrange medical treatment and emergency evacuation services, as the organizers deem necessary for my safety or well being.

I acknowledge that my health profile is on record and is accurate at this date.

I am aware, in signing this document, of the risks of the above named activity and am willing to accept the risk and agree to release, to the full extent permitted by law, **AUSTRALASIAN CONFERENCE ASSOCIATION LIMITED (ACN 000 003 930)** and/or **SEVENTH-DAY ADVENTIST CHURCH (NORTH NEW SOUTH WALES) LIMITED** and its employees and agents from responsibility for any injuries which I may suffer as result of participation in this activity.

Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian approval must be given for participants aged 10-18 yrs

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_