Acknowledgment of Risk
- CONDITIONS for YOUTH -

Warning – This is an important document which may affect your legal rights and obligations, please read it carefully. If you have any questions please call our office on 8165 2033.

I, (Parent’s name) ___________________ acknowledge that Venture Corporate Recharge (Aust) Pty Ltd will provide my son/daughter (Child’s Name) ___________________ with access to a variety of activities which will be supervised by Venture Corporate Recharge (Aust) Pty Ltd (“the activities”).

I acknowledge that these activities may have inherent danger or risk involved and I acknowledge responsibility for my child participating in these activities.

I acknowledge that during all such times whilst my child is participating in the activities I will not hold Venture Corporate Recharge (Aust) Pty Ltd liable for any personal injury or loss of property whatsoever and I agree to indemnify and keep indemnified Venture Corporate Recharge (Aust) Pty Ltd against all such injury or loss except to the extent that such personal injury or loss of property is occasioned by neglect, default or omission by Venture Corporate Recharge (Aust) Pty Ltd or their consultants, employees, contractors or agents (as the case maybe).

I agree that I will pay any reasonable cost of repair or replacement to equipment or facilities that may be damaged by actions of my child beyond that of normal wear and tear.

I hereby authorise Venture Corporate Recharge (Aust) Pty Ltd staff and consultants to obtain any necessary medical assistance for my child ___________________ should any medical problem or accident occur and I expressly agree to be responsible for all such medical expenses incurred.

In the event that a teacher/staff person cannot, I ___________________ give permission for Venture Corporate Recharge (Aust) Pty Ltd, staff or consultants to administer to my child ___________________ medication as instructed. I acknowledge that I will provide all such medication to Venture Corporate Recharge (Aust) Pty Ltd in clearly labelled doses or original containers.

I ___________________ do/don’t give permission for my child ___________________ to be a part of group photos or video footage taken of their participation within camp activities by Venture Corporate Recharge (Aust) Pty Ltd for use in brochures, school newsletters, or other promotional material.

I ___________________ give permission, in the case of an emergency, for my child ___________________ to be transported to hospital by Ambulance and I expressly agree to be responsible for all costs associated with such transportation to and hospital admission.

I ___________________ give permission for Venture Corporate Recharge (Aust) Pty Ltd staff or consultants to provide my child with VENTOLIN if required in an emergency by a trained Asthma first aid person.

Signed: (Parent) ..........................................        Name:  ..............................................

(Child) .............................................        Name:   ..............................................

(Witness)  ........................................       Name:   ...............................................

Date: ___/___/___

Please send me information about the WEOA or VCR adventure club:  yes / no

Email address: _________________________________________

(People will be sent information as a default response if a response is not indicated)

All personal information will be filed in accordance with the Privacy Act, 1988.

PLEASE COMPLETE ALSO

Organisation/School: ___________________        Yr level: __________

Date of Program: _______ / _______ to _______ / _______

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