



# COFFS HIKERS

## Acknowledgement of Risks and Obligations for a Child

I am the parent/guardian of:

\_\_\_\_\_ (name of child)

born on \_\_\_\_\_ (date of birth) and

\_\_\_\_\_ (name of child)

born on \_\_\_\_\_ (date of birth)

I consent to the above named child or children participating in activities of Coffs Hikers Inc.

I am aware that this child or children, in voluntarily participating in the activities of Coffs Hikers Inc, is/are risking injury, illness, death and loss of, or damage to, their property. Typical risks may include but are not limited to hyperthermia, 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

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

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

**Parent / Guardian Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_