



Consent for Participation / Liability Waiver

Strictly Confidential

This form must be completed and returned to Camp Hosanna prior to the commencement of the program. This will be held on file at Camp Hosanna before and after the program.

I agree that myself or my child (insert name) _____ will be participating in activities operated by Camp Hosanna. I am familiar with all information in relation to the activities that have been outlined in the 'Activity Information' document, found online at www.hosannafarmstay.com.au/schools or provided by our Group Leader. I am also aware that myself/child will participate in some or all of the activities described in the 'Activity Information' document. Personal or property damage risks may be associated with some or all of these activities.

The activities listed in the 'Activity Information' document may involve strenuous physical exercise and exposure to changing weather conditions. They also demand the total attention and responsibility of each participant, either as an individual or part of a co-operating group. In addition, these activities may include the inherent risk of fatigue, mental stress and/or injury.

Upon entering Camp Hosanna property, myself/my child agree that Camp Hosanna and their Directors, Employees, Agents and Officers shall not be in anyway liable, or directly or indirectly held responsible for any injuries, loss or any other damages, whether to a person or property.

Camp Hosanna is a fully insured facility and acknowledges that no rights of the participant shall be waived resulting from criminal or negligent behavior by Camp Hosanna staff.

Additional Terms and Conditions

- In signing this document I agree that myself or my child are in good health and have no existing injury or physical problem that might be aggravated by participation in the activities
- OR: I/my child have/has the following pre-existing condition _____ and I accept responsibility for myself/my child for any aggravation of this injury/condition as a result of my/their participation.
- I/my child need(s) to have available the following medication _____

Photographs and Video/DVD

I will allow images or photographs and video/dvd of these activities to be used by the school and Camp Hosanna and its contractors for marketing purposes, in brochures, online and in other media.

My signature below indicates that I understand all the associated risks and conditions as stated above.

Signature (Participant/Parent or Guardian): _____

Date: _____ / _____ / _____