



# SCHOOL HOLIDAY PROGRAM ACTIVITY WAIVER

Name/s of Child/ren

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian name) agree to the following:

- I acknowledge that participation in activity programs delivered by Apex Camps involve certain risks and could result in some possible personal injury. I accept that, despite precautions being taken by Apex Camps activity staff, accidents and incidents causing physical injury may occur.
- I declare my child/ren physically and medically fit, free from impairment and able to reasonably participate in the chosen activities. All details relating to my child/ren's medical, physical or management needs that are relevant to the care of my child/ren by Apex Camps staff and/or that may affect my child/ren's participation are listed below:

Name/s of Child/ren

Medical Condition/Disability/Allergy or Sensitivity/Injury/Other (including management procedures to be followed)

_____	_____
_____	_____

IMPORTANT: If your child/ren have been diagnosed as anaphylactic and/or at risk of anaphylaxis, please ensure this information is outlined above and that your child/ren are equipped with an auto injection device (Epi Pen®). Please also note that Apex Camps staff are unable to administer any medications required for existing medical conditions.

- I understand that Apex Camps will contact me in the event of an accident, injury, trauma or illness. I agree to collect or make arrangements for the collection of my child/ren if he/she becomes unwell during the activities program.

Should Apex Camps be unable to contact me, I authorise the following person to be contacted to collect and care (including consent to medical treatment and requesting or permitting administration of medication) for my child/ren:

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

In the event that Apex Camps is unable to contact myself or my emergency contact, I authorise for a qualified First Aid staff member of Apex Camps to administer first aid medical assistance or treatment to my child/ren, and to contact my child/ren's medical practitioner:

Medical Practitioner Name \_\_\_\_\_ Phone \_\_\_\_\_

- I understand that Apex Camps does not have personal accident insurance cover for my child/ren. If my child/ren are injured as a result of an accident or incident, all costs associated with the injury, such as medical assistance or treatment (including transportation costs), are the responsibility of myself, the parent/guardian.
- I am aware that for my child/ren's safety, I must sign my child/ren in/out. Below is my written consent should anyone other than myself be permitted to collect my child:

Name of Person Collecting \_\_\_\_\_ Phone \_\_\_\_\_

- I understand that parents of participating children are permitted to stay and watch activities.
- I understand that my child/ren may be required to travel in a minibus to their activities.
- I give permission for my child/ren to be photographed/filmed during participation in Apex Camps activity programs for Apex Camps advertising and promotional purposes.
- By signing this form, I, on behalf of my child/ren, agree to release, waive and discharge Apex Camps and its employees from liability for any personal injury that they may experience (including but not limited to trauma, scrapes, bruises, cuts, sprains, fractures, broken bones, concussions or loss of life), and/or property loss/damage, arising from participation in Apex Camps activity programs.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)