



## WEEKEND PROGRAM ACTIVITY WAIVER

Name/s of child/ren included in this waiver (if applicable)

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, on behalf of myself and my children (if applicable), 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 myself and my child/ren physically and medically fit, free from impairment and able to reasonably participate in the chosen activities. All details relating to myself and my child/ren's medical, physical or management needs that may affect our participation are listed below:

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

IMPORTANT: If you and/or your child/ren have been diagnosed as anaphylactic and/or at risk of anaphylaxis, please ensure this information is outlined above and that you and/or 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.

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

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

- I understand that Apex Camps does not have personal accident insurance cover for myself or my child/ren. In the event that myself and/or 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.
- I give permission for myself and 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 myself and my child/ren, agree to release, waive and discharge Apex Camps and its employees from liability for any personal injury that may be experienced (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)

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