**Consent Authority Form**

Friends of the Box Ironbark Forests

**Youth Bush Walk**

Sunday 30th March 2014

9am to 12.30pm

Contact Details:

Nioka Mellick-Cooper

5472 4609

niokamc1@gmail.com

Details:

* Gather at 9am sharp at the Continuing Education building in Templeton Street, Castlemaine
* Buses will transport people to the start of the walk
* Buses will return people to the Continuing Education building at 12.30
* Walk will take place in the Muckleford Forest, Red White, Blue Mine Walk
* Parents/carers are welcome to accompany children, but people over the age of 12 can come without parents/carers
* Parents/carers MUST accompany children under 12
* Parents/carers MUST sign the consent form and the form must be submitted to Nioka before the 30th March
* The group will have two qualified first aiders on the walk

Name of walker/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an ambulance subscription Y N

Does the participant suffer from an illness, condition or disability that may affect the excursion? (Provide details)

Is the participant currently taking any medication that the supervisor needs to be aware of? (if so, please specify)

If applicable is the participant capable of administering his or her own medication? Y N

Is the participant allergic to any medication? (Please list)

Does the participant have any other allergies? (Please list)

**Participant’s Statement:**

I agree to:

* Follow the directions of the walk leaders
* Notify the walk leaders if I contract any disease or illness which is likely to be detrimental to the health of the other members of the excursion, or become injured
* Indemnify Friends of the Box Ironbark Forests Inc from any loss or injury that I may incur while participating in the excursion and agree that the group and its volunteers have no liability in relation to my involvement in the excursion, except to the extent caused by the negligence of the group or its volunteers
* Authorize Friends of the Box Ironbark Forests to obtain medical assistance for me in the event of accident or illness and I agree to pay the expenses
* In participating in **the Youth Forest Walk,** I hereby grant permission to Friends of the Box Ironbark Forests the right to use photographs and film footage taken of me, without restriction, for the purposes of promoting Friends of the Box Ironbark Forests, through any media.

I agree not to:

* Possess or consume alcohol or other drugs at the excursion
* Smoke tobacco or other substances at the excursion
* Risk the health and safety of workers or other participants by my actions
* Bully other participants or workers at the excursion
* Use offensive or abusive language directed towards excursion participants, volunteers or anyone who come in contact with the excursion
* Leave the group walk without an authorized adult

I confirm that I understand and agree to abide by these conditions and that breaching these conditions are grounds for exclusion from this excursion.

Participants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/carer Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Statement:**

Friends of the Box Ironbark Forests collects this information for the purposes of registering you/ your child for the Youth Forest Walk. We will use the information we collect from you only for these purposes and will not disclose personal information unless authorised by you or as permitted or required by law. Sensitive and health related information is only collected and disclosed with your consent or as permitted by law. Your information is treated as confidential.