

## PATHWAYS FOUNDATION

### Registration & Consent Form Returning Young Person

Name of young man/woman: \_\_\_\_\_

Location and date of program: \_\_\_\_\_

- I \_\_\_\_\_ being the parent/guardian of the above-mentioned young man/woman, declare that I understand that the activities may involve running, jumping, water and use of specially designed adventure equipment thus exposing my son/daughter to situations and physical activity not encountered in a classroom.
- I acknowledge that while **Pathways** and its staff will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of **Pathways** and its staff.
- I hereby indemnify **Pathways** and its staff against any claim for accident or injury to my child during the course of the program.
- I understand that my son/daughter's involvement in the **Pathways** Program may mean that he/she is remote from immediate medical help. I have provided **Pathways** with enough written information to deal appropriately with the attending boy/girl's medical conditions.
- I further authorise **Pathways**, in the event of any injury or illness, and where it is not possible or reasonable to obtain my consent at the time, to engage a Medical Practitioner, Ambulance or hospital facilities. In this event I agree to pay all such emergency evacuation, Ambulance, Doctor, Nurse and /or hospital expenses.
- I have read and completed all the information sent to me from the Pathways Foundation in relation to the camp which will be held on the dates \_\_\_\_\_.

Signed: \_\_\_\_\_ (parent/guardian) Date: \_\_\_\_\_