



Activity Consent Form & Approval by Parents or Legal Guardian

This form is to give consent for school excursion activities whether staying overnight or day visiting. Activities **may** include:

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|-------------------------------|----------------------------|--------------------------------|
| Thunderegg Fossicking | Crate Climb | Mini Golf |
| Rainforest Skywalk | Outback Art | Volleyball |
| Glow Worm Cave Tours | Bush Olympics | Half Court Tennis |
| Reptile Show (Snakes & Crocs) | Raft Building | Half Court Basketball |
| Creative Cooking | Environmental Bush Walk & | Cricket |
| Catch & Release Fishing | Swimming | Mystery Spotlight |
| Lake Canoeing | Orienteering | Concert & Disco |
| Survivor Mud Course | Adventure Parc (High / Low | Movie Night (Self Facilitated) |
| Archery | Ropes) | Trivia Night |
| Ultimate Survival Course | Laser Skirmish | Night Archery |
| Bush Survival | Horse Riding | Bonfire & Sing Along |
| Bush Tucker | Abseiling | |

First Name: _____ Last Name: _____

Address: _____

Email Address: _____

Date of Birth: _____

Has approval to participate in all activities except for: (please specify if not approved to participate in)

School Camp Start Date: _____ School Camp Finish Date: _____

Hold Harmless Agreement:

I understand that participation in Camp Thunderbird activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Camp Thunderbird, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organisations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalisation, anesthesia, surgery, or injections of medication for my child. Medical providers are authorised to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature _____ Date _____

Contact Phone Number: _____

Contact Email Address: _____