

emergency evacuation services as the organisers deem necessary for my safety or well being.

In signing this document I am aware that there may be some risks involved and choose to participate based on this understanding. I agree to accept this risk, and release to the full extent permitted by law, the NORTHERN AUSTRALIAN CONFERENCE and its employees and agents from the responsibility in the program and activities at Junior Camp.

In the event of accident or illness, I authorise the Activity Leader to consent where it is impractical to communicate with my or my parents, for me to receive an x-ray, surgical or hospital treatment as may be deemed necessary by a licensed physician and /or surgeon. I also authorise to engage such treatment. I agree to pay the appropriate fees for such and any other emergency transportation costs, which may be required. I agree to meet the expense of me being returned home, by the activity leader or leader, accompanying me and then rejoining the group. I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Activity Leader, non-cooperation of any description or the inability to meet the rigors and requirements of the activity. I agree to attend on this understanding.

I also understand that it is my responsibility to provide all the correct information about myself. The NORTHERN AUSTRALIAN CONFERENCE YOUTH DEPARTMENT will not be held responsible for missing details such as medicare numbers and medical details.

We plan to use photos of this activity for promoting and reporting purposes. If you do not want your child's pictures used please inform us.

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2010

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2010

**APPLICATIONS CLOSE 6 SEPTEMBER 2010  
NO LATE APPLICATIONS WILL BE ACCEPTED**

# JUNIOR CAMP

## MAGNETIC ISLAND

**19-26  
September**



