RISK WAIVER FOR A CHILD ON THE CLUB MEMBERSHIP APPLICATION FORM OR BEFORE THE FIRST CLUB ACTIVITY (To be signed by parent or guardian before FIRST activity with club)		
Sydney University Bushwalkers		
I am the parent/guardian of (name of child) whose date of birth is /		
I consent to (name of child) participating in the activities of		
I understand that (name of child) may be exposed to risks that could lead to injury, illness or death or to loss of or damage to my child's property.		
Those risks may include but are not limited to slippery and/or uneven surfaces, rocks being dislodged, falling at edges of cliffs or drops or elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion.		
To minimise these risks I will endeavour to ensure:- That any activity in which (name of child) participates is within his/her capability, that she/he is carrying food, water and equipment and wearing clothing and footwear appropriate for the activity, that she/he will obey the directions which are given by the leader. I will advise the activity leader if the child is taking any medication or has any physical or other limitations that might affect his/her participation in the activity.		
I have read or heard and understand these requirements; I have considered the risks before choosing to sign this form. I still wish (name of child) to participate in the activities of the Sydney University Bushwalkers. I agree by signing this form to waive any claim for damages arising from this activity that I or my child may have against the club, the leader or other participants in tort or contract.		
My consent is binding on (name of child)		
Signed Parent / Guardian		
Print Name		
Address		
Phone Dated		

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RISK WAIVER FOR A CHILD TO BE COMPLETED WITH THE SIGN ON SHEET BEFORE AN ACTIVITY BY THE ADULT RESPONSIBLE FOR A CHILD

Sydney University Bushwalkers

	_ (Name of Walk/Activity)	
I	_ (name of person) am over the	
age of 18 years and undertake to be responsible for (name of child) whose date of birth is		
(name of child) whose date of birth is	_/ / I have	
been authorised to be responsible for		
(name of child) may be exposed to risks that		
death or to loss of or damage to the child's property.		
Those risks may include but are not limited to slippery and/or uneven surfaces, rocks being dislodged, falling at edges of cliffs or drops or elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion and		
(Leader to insert any known additional risk	s for the day.)	
To minimise these risks I will ensure that	(name of	
child) will obey directions which are given by me and the le	、	
within the child's capabilities and she/he is carrying food, water and equipment and wearing		
clothing and footwear appropriate for this activity.		
I do not believe that the child is taking medication or has limitations which will prevent the child from successfully completing this activity.		
If the child is unable to complete the activity or is having dif	-	
the leader and make arrangements if necessary to shorten the activity for the child. I will		
make every effort to ensure that I and the child remain with the rest of the party during the activity and accept the instructions of the leader of the activity.		
I have read or heard and understand these requirements. I have considered the risks before choosing to sign this Risk Waiver form. I still wish to join the activity with the child. I agree by signing this form to waive any claim for damages arising from this activity that I or the child may have against the club, the leader or other participants in tort or contract.		
Sign Dated		
Print Name	_	
Address		
Phone		