

Student Consent Form

I authorize the Teacher or **Adventure Plus Outdoor Education** staff member who is with my child to consent, where it is impractical to communicate with me to my child receiving such medical or surgical treatment as deemed necessary. I give permission for **Adventure Plus Outdoor Education** to keep this document for recording purposes, aware that I can access it anytime.

I agree that (Insert child's name) whilst on program with **Adventure Plus Outdoor Education** will be participating in adventurous activities. I am familiar with the information related to activities that he/she will be participating in. These activities may and can involve strenuous physical activity and exposure to changing weather conditions. These activities may also include inherent risk of fatigue, mental stress and or physical injury. Personal or property damage risk may be associated with some or all activities. All staff employed by **Adventure Plus Outdoor Education** will adhere to **Adventure Plus Outdoor Education's** Activity Operating Procedures incorporating the AAS standards, which can be viewed upon request.

I agree that **Adventure Plus Outdoor Education** and their Directors, Employees and Agents shall not be in anyway liable, directly or indirectly held responsible for any injuries, loss or any other damages, whether to a person or property, unless resulting from criminal or negligent behaviour by APOE staff.

Adventure Plus Outdoor Education Pty Ltd is an insured company and acknowledges that no rights of the participant shall be waived.

By signing below indicates that you understand all the associated risk and conditions as stated above.

Signed (Parent/ Guardian) _____ Date: / /

All information will be kept in accordance to the Adventure Plus Outdoor Education Privacy act which can be viewed on our website or by contacting our office. All information on this form will be held in confidence.

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