



CLIFTON CART CHALLENGE – Friday Oct 19th 2018

Participant Permission Form

Privacy Notice

The Department of Education and Training (DET) is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

The Clifton Cart Challenge organisers (“the organisers”) advise that the participation, including passive participation, in events and activities at the Clifton Cart Challenge contain an element of risk, both obvious and inherent. The risks involved may result in property damage and/or personal injury or other losses.

Participants/parents/carers must read and agree to the following:

- I the signatory agree and understand that participation in the Clifton Cart Challenge, including passive participation, contains an element of risk and by participating in it I agree to do so at my own risk.
- I understand by participating in the Clifton Cart Challenge, any minor(s) named on this form may be exposed to the risk of injury and I consent to their participation. By signing this form I warrant that I am the legal parent or guardian of any minor named herein.
- I the signatory have been warned that this recreational activity may cause physical harm to me or to someone under my control or accompanying me, and I confirm that I have no condition, medical or physical, that could prevent me from, or be aggravated by, participating in this activity.
- I the signatory agree and acknowledge that any named minor voluntarily consents to participation in this event.
- I the signatory acknowledge the risk referred to above and agree to waive any and all rights that I, the above named minor or any other person may have against the organisers in relation to any loss or injury (including death) that is suffered by the subject as a result of participation in this event.
- The signatory must continually indemnify the organisers on a full basis against any claim, suits, demands or proceeding that is made threatened or commenced, and any liability, loss or consequential loss, and loss of profits and damage or expense (including legal costs on a full indemnity basis), that the organisers incur or suffer as a direct result of the entrants participation in any event held by the organisers.

Activity Risks & Insurance

Please note that the Department of Education and Training does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.



Consent

By signing this form (below) I agree that:

- I have read and agree to all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Training does not have personal accident insurance cover for students or community members.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment I or my child may reasonably require, including contacting my/my child's doctor.
- I accept liability for all reasonable costs incurred by the Department of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
- I have provided the school all relevant details of my/my child's medical or physical needs and where relevant have updated this information.
- I have made or may make further enquiries which I think are necessary or desirable and fully understand the risks involved in this activity.

For community members

Name of entrant:

_____ (Please Print)

Signature: _____

Date: ____/____/____

For parents/carers of school aged entrants

I give consent for my child, _____ to participate in the Clifton Cart Challenge.

Parent/Carer Name:

_____ (Please Print)

Parent/Carer's Signature: _____

Date: ____/____/____