



## Activity Consent Form – Approval by Parent/Legal Guardian

Please complete the below form consenting your child to participate in any of the following activities:

Tree Top Challenge- high ropes course.	Archery	Orienteering
Laser Skirmish	Raft Building	Creative Cooking
Hinterland Horse Riding/equine care	Swimming	Mini Golf
Thunderegg Fossicking	Team Building games	Volleyball
Rainforest Skywalk	Advanced Initiatives	Half-Court Tennis
Glow Worm Cave Tours	Ultimate Survival Course	Half-Court Basketball
Reptile Show (Snakes & Crocs)	Bush Survival	Cricket
Aboriginal activities	Bush Tucker	Mystery Spotlight
Aboriginal Corroboree	Nature Play	Concert & Disco
Rock Climbing	Bush Art	Movie Night (Group Facilitated)
Abseiling	Bush Olympics	Trivia Night
Survivor Mud Course	Environmental Bush Walk	Fire Circle – reflection, games, cooking
	Bushwalk to Cedar Creek Falls (Group Facilitated)	

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)

\_\_\_\_\_

### 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, anaesthesia, 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.

### Photo Release:

I hereby consent and agree that Camp Thunderbird has the right to take and use photographs of my child for marketing material associated with Camp Thunderbird. I hereby release to Camp Thunderbird all rights to exhibit this work in print and electronic form publicly or privately.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_