

Blue Lightning Camp 2018
PARENTAL CONSENT and PARTICIPANT CODE OF CONDUCT FORM

1. I give permission forto attend the Blue Lightning Training Camp at **from 1 to 2 September 2018**.
2. I understand that during the camp she/he may travel in a car driven by one of the adults at the camp and that all drivers will be licensed to drive the respective vehicles.
3. I understand that every effort will be made to contact me/communicate with me prior to any treatment in the event of an accident, illness, or other medical emergency. However I authorise the Camp Manager to act *in loco parentis* and to consent, if it is not possible to communicate with me, to my daughter/son receiving urgent medical or surgical treatment as may be deemed necessary.

Name:

Signed: (Parent/guardian). Date:/...../.....
To be signed by a parent /guardian if athlete is under 18

IN CASE OF EMERGENCY

Contact Name.....

Relationship to participant.....

Contact phone numbers

Any medical conditions the event organisers should be aware of:

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GENERAL RISK WARNING

Competing in an orienteering event is subject to risks. These include death, serious injury or illness due to:

- rough terrain and obstacles;
- overexertion;
- heat, cold or other adverse weather conditions;
- plant and animal life; and
- accidents with vehicles, other competitors or pedestrians.

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Additional risks include:

- limited access to medical, evacuation or search services; and
- damage to, or loss of, your personal property.

RISK WAIVER

I have read the general risk warning and the specific risk warning for this event. I am aware that orienteering is a recreational activity that can be dangerous. I accept that there is a degree of risk and acknowledge that I participate in this event at my own risk.

I release Orienteering ACT, its affiliated clubs, members and all other parties associated with organising the event from any responsibility or legal liability associated with my presence at, and participation in, this orienteering event.

Statements

1. I am aware there is no health, accident, ambulance, disability or life insurance provided as part of this event.
2. I allow the free use of my full name and photo in information, results, news, marketing and promotional material pertaining to the event or orienteering.

Name:.....
.....

Signed:

Date:/...../.....

To be signed by parent/guardian

Please return this form by email to BlueLightning.ACT@gmail.com