Risk Management & Insurance Churches



K. Liability Release Form (Youth Activities)

Schedule			
Name of Child (Under 18 years of age)			
Address			
Parent/Legal Guardian	Telephone		
Activities being participated in (eg. Skating, skateboarding, rock-climbing)			
•	d that my child participates at his/her own risk. I understand that the church will e that all equipment supplied by them for the activity is of a reasonable standard.		
I acknowledge that the church will not be liable for any injury that may be suffered by my child, which arises either directly or indirectly from, or in connection with, the activity described in the schedule incorporated in this form. I hereby agree to indemnify the church against any and all claims arising from, or in connection with, any injury that may be suffered by my child, or that my child may cause to another person, as well as any loss or damage to property, equipment or personal effects belonging to my child, or any other person, arising either directly or indirectly out of or in connection with the activity described in the schedule incorporated in this form. I agree that the church may authorise on my child's behalf whatever medical treatment he/she may require. (This includes, but is not limited to, ambulance attendance and hospital treatment) I agree to pay all medical expenses incurred.			
		Information for emergency use only Person to contact in an emergency	
Telephone number of emergency contact			
Name of Family Doctor			
Doctor's address			
Doctor's contact number			
Doctor's contact number			
Signed	Date		
- Cognitive			
Parent or Legal Guardian			
Victoria New South Wales Queensland AD GPO Box 1655 AD PO Box 1410 AD GPO Box 747 Melbourne 3001 Parramatta 2124 Brisbane 4001 FX +61 3 9614 1545 FX +61 2 9687 9564 FX +61 7 3011 8999	South Australia Western Australia Tasmania AD P0 Box 630 AD P0 Box 840 AD P0 Box 330 Fullarton 5063 West Perth 6872 Launceston 7250 FX +61 8 8338 1920 FX +61 8 9324 2013 FX +61 3 9614 1545		