

National Parks Association of the ACT Inc. (NPA)
ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS
FOR A CHILD OR CHILDREN

I am the parent / guardian of:

_____ and _____
(name of child or children)

born: _____ and _____
(date of birth)

I consent to the child or children named above participating in the activities of the NPA.

I am aware that this child or children, in voluntarily participating in the activities of the NPA, could be exposed to risks that could lead to injury, illness, death and loss of, or damage to, their property.

To minimise risks I will:

- inform myself of the nature of the activities and endeavoured to ensure that they are within the child(ren)'s capabilities;
- ensure the child(ren) carry food, water, clothing and equipment appropriate for the activity;
- advise the leader of any physical or other limitation, or any dependence on medication, that could require urgent attention during the activity; and
- explain to the child(ren) the need to:
 - make every effort to remain with the party during the activity;
 - advise the leader of any concerns they are having; and
 - comply with all reasonable instructions of the leader.

I understand these risks and requirements. My consent is binding on the above-named child / children.

Name: _____

Signature: _____ Date: _____

Typical risks may include but are not limited to: hyperthermia, hypothermia, slipping on loose or icy surfaces, slipping on rocks, falling rocks, exposure, snake bite, bee stings and other insect attacks, burns, drownings, stepping into unseen holes, accidents during vehicle travel to walks, navigation errors and becoming lost.