



Uniting Resources – Property Services

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P O Box A2178 Sydney South 1235

Phone: 8267 4340 or 8267 4350. Email: insurance@nsw.uca.org.au

CAMPING/ ACTIVITY AUTHORIZATION FORM

Full Name Date of Birth

Address

..... Home Phone No:

Parent/Guardian's Full Name (if under 18)

Emergency Contact No: Day Evening

CAMP DETAILS

Organised by:

Location:

Date of Camp or Activity:

Emergency Telephone Contact Number:

Please note that:

By participating in this Camp/Activity, in addition to the usual and inherent risks, there may be:-

- Physical exertion for which/I my child may not be prepared.
- Remoteness to normal medical services.
- Weather extremes subject to sudden and unexpected change.

AUTHORIZATION

I, the undersigned, agree that I/my child will participate in the above Camp/Activity, further details of which have been provided to me.

In the event of my child requiring medical attention, I acknowledge any costs incurred are my responsibility and agree to reimburse the organisers any costs they meet on my behalf, and I understand that every effort will be made firstly to contact me in the event of illness or accident.

I/my child agrees to abide by the rules, guidelines, and instructions given by the leaders of the Camp/Activity.

INDEMNITY

I agree to indemnify The Uniting Church in Australia for all claims, expenses, actions and suits in respect of any loss of property by or illness, accident or injury to me/my child while travelling to or involved in any of the programmes of the Camp or Activity.

Name Signature

Date