



Risk Consent Form

For use in conjunction with any Programme and Activity information received.

This is not a disclaimer. Bigfoot takes all reasonably practicable steps to eliminate or minimise all real risk associated with Bigfoot activities and services.

Participant Name

School/Group Name

Date of Programme

- I am familiar with and accept responsibility for understanding the many risks associated with outdoor activities.
- I know I am able (or have encouraged my son/daughter) to ask any questions of Bigfoot, associated third party provider or the individual instructor to gain a better understanding of the activity and its associated risks before deciding whether to take part.
- I know I am responsible (or have motivated my son/daughter) to follow any instructions given by the instructor/staff member in relation to significant hazards or risks, including wearing appropriate attire. We understand that if my or my son/daughters' behaviour falls outside of instruction or advice, we acknowledge that we do so at our risk or harm.
- I have disclosed complete and accurate details regarding medical, physical or other information.
- I authorise Bigfoot and associates to instigate any reasonable medical assistance and treatment required during an incident.
- I consider that I am, or my son/daughter is physically and mentally able to sustain the level of exertion and duration of activity as per programme designed and willingly participate.
- I understand I may be charged for items belonging to Bigfoot I / my child lose or damage.
- I understand that my personal effects are not covered by Bigfoot's insurance policy while on any camp or activity.
- I understand that if at any time during the programme I am under the influence of alcohol, drugs or other substances Bigfoot has the right to stop my further participation on the programme and I have no right for refund of my course fee.

I have received sufficient information on the programme content and am happy to consent to participate or have my child participate in this programme. I agree to the above conditions of my / my child's participation.

I acknowledge that my Group Leader / Teacher In Charge will coordinate with Bigfoot Adventures in regard to this consent.

Signature (of Guardian if under 18)

Name

Date

I give permission for media (photographs, video, images) of myself / my child to be used by Bigfoot Adventures Ltd and programme associated external third-party providers of the camp or activity for social media such as Facebook and other marketing purposes.

Yes

No