



Koinonia Activity Consent Waiver Form: (Confidential)

(To be handed to Koinonia staff on arrival, prior to commencement of Activities.)

Group Name: _____

Participant Name: _____

I _____ (the participant or Gaurdian of participant if Under 18 years old) give my consent to participate in the recreation activities provided by Koinonia. I am aware that elements of this program can be emotionally and physically demanding. I understand that certain obvious and / or inherent risks and dangers exist in the activities I will participate in.

These risks include falls from height, objects falling from above, trips and falls, falls from equipment, collisions between persons or persons and objects, pedestrians and or traffic accidents, drowning, getting lost, weather effects, contact with native animals and others.

I acknowledge that while Koinonia Ministries Ltd, its staff and others will make every reasonable effort to teach the participants sound outdoor technique and to minimise exposure to known risks, all hazards and dangers with these activities cannot be foreseen and may be beyond the control of Koinonia, its staff and others.

I recognise that the training provided by the staff is not sufficient to equip participants to carry out the activity without supervision by a trained instructor.

I have read all the program description and the gear list supplied and will endeavour to ensure the participant attends with all terms listed

I authorise Koinonia, its staff and others to obtain medical assistance that is deemed necessary and I agree to pay all medical expenses incurred.

The participants health is such that the activities planned will in no way aggravate any present condition. If in any doubt I will seek medical advice prior to the attendance of the participant.

Please circle Yes or No to the following and supply appropriate details for each Yes / No answer below.

Does the participant suffer from any of the following?

<i>Drug related allergies</i>	<i>Yes / No.</i>	
<i>Environmental Allergies</i>	<i>Yes / No.</i>	
<i>Conditions requiring medication</i>	<i>Yes / No.</i>	
<i>Recent illness or Injury</i>	<i>Yes / No.</i>	
<i>Emotional or Behavioural Disorders</i>	<i>Yes / No.</i>	
<i>Hearing Problems</i>	<i>Yes / No.</i>	
<i>Respiratory Problems</i>	<i>Yes / No.</i>	
<i>Swimming Status</i>	<i>Strong / Average /Poor</i>	

Photography and Publicity

I **do/do not** give permission for the Camp to take and use photographs of me for marketing including brochures, on our website or posting on our Facebook Page.

Name _____

Signed _____

Date of Birth of participant ____/____/____ Date of Last Tetanus Booster ____/____/____

Health Fund _____

Medicare Number _____ Exp Date ____/____/____

Emergency Contact Name : _____

Emergency Contact Phone: _____