



YOUTH ADVENTURE CAMP

Authorisation for a minor to participate

I _____ the parent/guardian of the Child _____ hereby apply for the Child to participate in the WIDE HORIZONS YOUTH ADVENTURE CAMP. I declare full knowledge of the conditions of entry to Wide Horizons Estate and waiver. I have brought these to the attention of my Child and his / her other guardians and they are happy to be bound by my signature.

I have familiarised myself with the activities likely to be undertaken during the Wide Horizons Adventure Camp (which may include walking and running on trails, mountain and rock climbing, tree climbing, crawling through mud and rock crevasses, balancing on poles, swimming, bicycle-riding, painting, fire making, cooking, art and many other activities) and am aware of the risks associated. I am aware that the Adventure Camp takes place in an area containing wildlife and that the activities involve physical exertion and the risk of personal injury. I understand that participation in any of the activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and standards of conduct. I have carefully considered the risk involved and hereby give my informed consent for the Child to participate in all activities offered in the Adventure Camp except the specific activities that I list below as unauthorised activities. I further authorise the sharing of the information on this form with any staff or professional who needs to know for conducting Camp activities.

I warrant that the Child is in good physical and mental health and is able to participate in the Adventure Camp without special assistance. I and the emergency contact nominee will remain contactable during the Adventure Camp in case of emergency. In the unlikely event of illness or injury to the Child during the Adventure Camp and should neither I nor the Emergency Contact nominee be immediately contactable, I hereby grant permission for the Camp Leader to seek suitable treatment for the Child including taking the Child to a medical Doctor for examination, medication, hospitalization, surgery and/or anesthesia as deemed necessary by the Doctor and I hereby warrant that I will cover the costs associated.

CONSENT FOR A MINOR TO BE PHOTOGRAPHED

I understand that promotional pictures may be taken during Adventure Camp activities. These promotional pictures may appear in brochures, videos, websites and social media. I authorize Wide Horizons Adventure Camp to use photograph or video images of the Child for future promotional purposes. In adherence with our child protection policy, Wide Horizons will not identify the Child by full name or address in any photograph, video or publication used.

I understand that, if any information I have provided is found to be untrue or inaccurate, it may limit the opportunity for the Child to participate in some of the activities.

PARTICIPANT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE FOR YOUTH _____ DATE _____

