Risk Management & Insurance Liability Release Form (Youth Activities)



Name of Child (Under 18 years of age)	
Home Address	
Parent/Legal Guardian	Telephone contact number
Activities being participated in (e.g. skating, skateboarding	g, rock-climbing)
	gh and Low ropes ure Based Learning – Forest Glen
	can be hazardous and that my child participates at his/her own risk. I understand that afe environment for my child and to ensure that all equipment supplied by them for the
I acknowledge that Fusion Australia will not be liable for a in connection with, the activity described in the schedule i	any injury that may be suffered by my child, which arises either directly or indirectly from, incorporated in this form.
child, or that my child may cause to another person, as w	and all claims arising from, or in connection with, any injury that may be suffered by my ell as any loss or damage to property, equipment or personal effects belonging to my chil tof or in connection with the activity described in the schedule incorporated in this form.
I agree that Fusion Australia may authorize on my child's to, ambulance attendance and hospital treatment) I agree	behalf whatever medical treatment he/she may require. (This includes, but is not limited to pay all medical expenses incurred.
Information for emergency use only	
Person to contact in an emergency	Telephone Number of emergency contact
Name of Family Doctor	Doctor's Contact Number
Doctor's Address	
DOCIOI S Address	
Signed	Date

Fusion Australia Privacy Statement:

Parent or Legal Guardian

Please note that all personal information will only be used for the primary purpose for which it is collected or in the limited circumstances set out in the Privacy Act. Information will be stored securely and will not be disclosed to others outside Fusion unless legally required to do so.