



# NAOATAC

NATIONAL ADVENTIST OUTDOOR ACTIVITY  
TRAINING AND ACCREDITATION COUNCIL

*A member of the Outdoor Recreation Council of Australia*

## CLIMBING, ABSEILING OR HIGH ROPES ACTIVITIES

- I declare that I have read the information Sheet and Personal Equipment List for my safe participation in \_\_\_\_\_ (name of activity), which will be held on \_\_\_\_\_ (date), and will endeavour to ensure that I have all the items listed. I also understand that it is a condition of participation to accurately complete the Participant Health Record attached.
- I have been informed of the nature of the activity and understand that there is a high element of risk involved. I agree to be responsible for taking the time to learn safety techniques and the proper use and limitations of any equipment. I acknowledge that I may refuse to participate in any part of the activity I feel apprehensive about, (if this does not endanger myself or the other participants and leaders)
- I agree that if I suffer injury or illness, the organisers can arrange medical treatment and emergency evacuation services as the organisers deem necessary for my safety and well being.
- I am aware in signing this document of the risks and demanding nature of \_\_\_\_\_ (name of activity), and am willing to accept this risk and agree to release, to the full extent permitted by law, AUSTRALASIAN CONFERENCE ASSOCIATION LIMITED (ACN 000 003 930) and / or \_\_\_\_\_ (name of Conference) and its employees and agents from responsibility for any injuries which I may suffer as a result of participation in this activity.

**Name of participant** \_\_\_\_\_

**Signature of participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or guardian approval must be given for participants under 18 years of age**

**Name of parent / Guradian** \_\_\_\_\_

**Signature of parent / Guradian** \_\_\_\_\_ **Date** \_\_\_\_\_



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## GENERAL CONSENT FORM

I declare that I have read the information Sheet and Personal Equipment List for my safe participation in \_\_\_\_\_ (name of activity), and will endeavour to ensure that I have all the items listed. I also understand that it is a condition of participation to accurately complete the Participant Health Record attached.

I have been informed of the nature of the activity and understand that there may be an element of risk involved. I agree to be responsible for taking the time to learn safety techniques and the proper use and limitations of any equipment.

I acknowledge that I may refuse to participate in any part of the activity I feel apprehensive about, (if this does not endanger myself or the other participants and leaders), and after consultation with the leaders as to alternative methods of completing requirements.

I agree that if I suffer injury or illness, the organisers can arrange medical treatment and emergency evacuation services as the organisers deem necessary for my safety and well being.

I am aware in signing this document of the risks that may be involved, but choose to be a participant in the above named activity.

**Name of participant** \_\_\_\_\_

**Signature of participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or guardian approval must be given for participants under 18 years of age**

**Name of parent / guardian** \_\_\_\_\_

**Signature of parent / guardian** \_\_\_\_\_ **Date** \_\_\_\_\_