Sikh Youth Leadership Camp

20th (Thursday) to 23rd (Sunday) July 2006

INDEMNITY & RISK WAIVER

(Out of the first two lines below, strike out whichever does not apply and fill out the remaining)

I, _____ (full name) wish to attend /
I, _____ (full name of parent/guardian)
agree to my child/ward _____ (full name of child/ward) *to* attendance in the following program:

Program Name: Sikh Youth Leadership Camp
Program date: 20th July to 23rd July 2006
Venue: **Mowbray Park Farm Holidays, PICTON NSW**

In the case of an emergency, I authorise the program staff, where it is impracticable to communicate with me, to arrange for me/my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am/my child/ward is enrolled with the program.

I understand that although Sikh Youth Camps Australia and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program and I agree that I/my child/ward undertake/undertakes the activities at my/his/her own risk.

I release and indemnify the Sikh Youth Camps Australia and its officer, servants, agents and service providers against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs, charges and any expenses whatsoever arising directly or indirectly out of any personal injury to me/my child/ward howsoever occasioned.

Participant(s)/Parent/Guardian

Signed: _____

Print name: _____

Date: _____