

**HOLY TRINITY YOUTH GROUP LIABILITY RELEASE FORM**

**(Youth Group Activities)**

Name of Youth Or Youths (under 18 years):	
Home Address:	
Telephone Contact Number:	
Name of Parent / Legal Guardian:	
Activities being participated in:	<b>Youth Camp 2009</b> Date: 24/09/2009 – 27/09/2009 Location: Rawson Village Person in charge: Andrew Ruan ( <a href="http://word.holytrinitydoncaster.org.au">http://word.holytrinitydoncaster.org.au</a> )

I acknowledge that my child participates at his/her own risk in the activities stated in this program. I understand that the church will take reasonable steps to provide a safe environment for my child and to ensure that all equipment supplied by them for the activity is of reasonable standard. I acknowledge that the church will not be liable for any injury that may be suffered by my child, which arises either directly or indirectly from, or in connection with, the activities described above.

I hereby agree to indemnify the church against any and all claims arising from, or in connection with, any injury that may be suffered by my child, or that my child may cause to another person, as well as any loss or damage to property, equipment or personal effects belonging to my child, or any other person, arising either directly or indirectly out of or in connection with the activities described above.

I agree that the church may authorise on my child's behalf whatever medical treatment he/she may require. (This includes, but is not limited to, ambulance attendance and hospital treatment) I agree to pay all medical expenses incurred.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or legal Guardian)