

EXCURSION PERMISSION FORM

Excursion Location: _____ Excursion Date(s): _____

Participant Information:

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact Details:

Full Name: _____

Relationship: _____

Phone Number: _____

Excursion Details:

Excursion Destination(s): _____

Departure Time: _____ Return Time: _____

Transport Provided By: _____

Medical Information and Consent:

Please list any medical conditions, allergies, medications, or special needs the participant has. The participant consents to receive medical treatment deemed necessary in the event of an emergency during the excursion.

Excursion Rules and Participant Responsibilities:

1. The participant agrees to follow all instructions given by excursion organizers and staff.
2. The participant will respect the environment and property during the excursion.
3. The participant understands that failure to comply with rules may result in removal from the excursion without refund.
4. The participant confirms that they are physically fit and capable of participating in the excursion activities.
5. The participant agrees to notify the organizers of any changes in health or emergency contact details prior to the excursion.

Liability Waiver and Release:

The participant and, if applicable, their parent or guardian, hereby acknowledge and agree as follows:

- a) The participant voluntarily assumes all risks associated with participation in the excursion, including but not limited to travel, activities, and environmental hazards.
- b) The organizers, their agents, employees, and volunteers shall not be held liable for any injury, loss, damage, or expense incurred by the participant arising out of or in connection with the excursion, except to the extent prohibited by Australian law.
- c) This waiver and release is binding on the participant, their heirs, executors, administrators, and assigns.

d) The participant releases and indemnifies the organizers to the fullest extent permitted by law from any claims, demands, or actions related to the excursion.

Privacy Statement:

The personal information collected in this form is for the purpose of organising the excursion and managing participant safety. Information will be handled in accordance with the Australian Privacy Principles and will not be disclosed to third parties except as required by law or necessary for the excursion.

Acknowledgment and Consent:

By signing below, I confirm that I have read, understood, and agree to the terms of this Excursion Permission Form, including the liability waiver and privacy statement. I certify that the information provided is accurate and complete to the best of my knowledge.

PARTICIPANT'S SIGNATURE

PARENT/GUARDIAN'S SIGNATURE (if participant under 18)

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

This Excursion Permission Form complies with applicable Australian laws and is intended to be legally binding. For any questions or concerns, please contact the excursion organiser.

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