

CONSENT/RECOGNITION OF RISKS FORM FOR MINORS (BOYS)

Consent Form For Parent/Legal Guardian (Please read carefully)

To: The Uncle Project

I authorise my child/ward,, to participate in recreational activity programs operated by Uncle (hereafter referred to as Uncle).

I understand that the activities in which they may participate:

- Will be physically and emotionally demanding; and
- May involve a significant risk of physical harm.

My child/ward's participation in any activity is voluntary and not compulsory.

I understand certain inherent risks exist in the activities in which my child/ward will be participating. Although the organisation and its members will provide me with appropriate directions and will endeavour to minimise my exposure to the risk of harm, these inherent risks are beyond the control of Uncle, its volunteers and staff and cannot be avoided by the exercise of reasonable care and skill. Inherent risks include changes in weather conditions and difficulties in obtaining emergency medical assistance.

I am aware that there are some risks that are common to many or all of the activities in which my child/ward may participate. However, some activities in which I may participate carry with them risks of harm that are particular to that activity, such as but not limited to the following:

Recreational Activities

- Being hit by swinging club, bat, racket or sporting utensil;
- Death;
- Being hit by a ball at speed;
- Slipping and falling causing injury;
- Strained muscle, ligaments or cartilages;
- Broken or dislocated bones or joints;
- Insect bites &/or animal / reptile bites;
- Sunburn &/or ultraviolet radiation damage to skin &/or eyes;
- Collision with persons or obstacles causing an injury;
- Tripping and falling on undulating , wet or slippery surfaces;
- Dirt, sand, dust or other foreign material entering eyes or skin irritations;
- Injury by flora or fauna;
- Injury caused by burns, cuts &/or abrasions;
- injuries caused by atmospheric conditions;

I authorise Uncle to arrange medical treatment and emergency evacuation services on behalf of my child/ward and at my cost, in the event of my injury or illness, as it deems necessary.

When participating in any of these activities, I will ensure that my child/ward attends with the appropriate personal safety gear for the activity

Name of Parent or Legal Guardian: Date:

Name of child:

Address:

Phone: Mobile:

Signature of Parent/Legal Guardian:

Witnessed by: (Print name)

Signature: