Appendix 9 Event Permission Form

PERMISSION TO ATTEND EVENT/CAMP FORM

MELBOURNE SCHOOL OF THEOLOGY

I,
from
I have seen the attached copy of the programme for the
I have seen the attached copy of the programme for the
and acknowledge that risk of injuries is inherent in physical activities. While I am aware that staff will take all due care, I recognize that accidents may occur. The staff and supervisors have my authority to take whatever action they think necessary to ensure the safety, wellbeing, and successful conduct of the participants as a group or individually in the above-mentioned activity. If my child becomes ill or is accidentally injured, I authorise the person-in-charge to obtain on my behalf whatever medical treatment my child requires. I will agree to pay all such medical
ensure the safety, wellbeing, and successful conduct of the participants as a group or individually in the above-mentioned activity. If my child becomes ill or is accidentally injured, I authorise the person-in-charge to obtain on my behalf whatever medical treatment my child requires. I will agree to pay all such medical
my behalf whatever medical treatment my child requires. I will agree to pay all such medical
I have attached information as asked concerning my child's health including any relevant details of his/her limitations for the planned activity. My child's own local doctor or medical specialist may be contacted in an emergency.
I also acknowledge that MST and all its representative leaders or other helpers
at can accept no liability for any personal injury or property loss
suffered by my child during the period of the
Signed: