# Adult - Camp Consent

**Title of excursion/camp: Gipps Street Church of Christ Youth and Young Adult Camp 2025**

**Purpose of the program:**

1. To study God’s word in an environment of like-minded Christians.
2. To foster and grow connections between the youth and the young adults of Christian congregations.

**Costs:** $160.00 per person

**Name and contact details of the 24-hour emergency contact:**

* Aaron Martin (0450314454)
* Daniel Smith (0412317807)
* The campsite has very low phone reception, so please call the office landline if these phone numbers don’t work: 07 3505 3703 or 07 3517 1590

**Departure details:** 13th January 2025. Details to be confirmed closer to the date.

**Return details:** 16th January 2025. Details to be confirmed closer to the date.

**Distance from expert medical care:**

The closest hospital from Duckadang Lions Camp is the Esk Hospital (67km away; approx. 52 minutes). The other closest is Nanango Hospital (46km away; approx. 55 minutes).

**Accommodation arrangements:**

Dormitory bed accommodation at Duckadang Lions Camp, 117 Avoca Creek Rd, Avoca Vale QLD 4314

**Travel arrangements:** Travelling in cars to and from the camp at the times specified above.

**Activities within this program present the potential for students to sustain physical injury. The following procedures will be implemented – along with other strategies – to manage the potential risks in the program.**

Refer Risk Management Plan

**A risk management plan for this program has been developed by leaders and is available for parents to review on request.**

**Attachments**

Camp Schedule

What to bring list

Medical form

**Behaviour**

‘I understand that in the event of my misbehaviour or behaviour that poses a danger to myself or others during the excursion, I may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with my return will be my responsibility.’

**Illness**

‘I understand that in the event excursion leaders determine it is necessary for me to be sent home early due to illness, any cost associated with my return will be my responsibility.’

**Cancellations or Alterations**

‘I understand that the leader may need to cancel or alter excursion arrangements at short notice, for safety reasons or due to circumstances beyond the control of the church, and while the church will try to minimise inconvenience or financial losses, these may be unavoidable.’

**Accident insurance cover**

The church does not provide accident insurance. You may wish to obtain accident insurance from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

**Ansvar Liability Waver**

I acknowledge that the activity described in the schedule can be hazardous and that I participate at my own risk. I understand that the organisation will take reasonable steps to provide a safe environment for me and to ensure that all equipment supplied by them for the activity is of a reasonable standard.

I acknowledge that the organisation will not be liable for any injury that may be suffered by myself, which arises either directly or indirectly from, or in connection with, the activity described in the schedule incorporated in this form.

I hereby agree to indemnify the organisation against any and all claims arising from, or in connection with, any injury that may be suffered by myself, or that I may cause to another person, as well as any loss or damage to property, equipment or personal effects belonging to myself, or any other person, arising either directly or indirectly out of or in connection with the activity described in the schedule incorporated in this form.

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

Consent

I have read and agree to all of the above information provided by the church in relation to the **Gipps Street Church of Christ Youth and Young Adult Camp 2025**, including any attached material.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) \_\_\_\_\_\_\_\_\_\_\_\_ (date)

Contact Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_