



Спілка Української Молоді в Австралії Ukrainian Youth Association in Australia

Крайова Управа – National Executive

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Recognition of Risk Form for Adults

We ask that all participants in activities organised by the Ukrainian Youth Association in Australia comply with Duty of Care requirements & legal obligations of our association by completing the given form.

I, _____, wish to participate in an outdoor recreational activity program operated by the Ukrainian Youth Association in Australia.

I understand that some of the activities in which they may participate:

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

I agree to participate in all activities and acknowledge that this may be reviewed on a case by case basis, depending on individual circumstances

I understand certain inherent risks exist in the activities in which I will be participating. Although the organisation and its instructors will provide appropriate directions and will endeavour to minimise exposure to the risk of harm, these inherent risks are beyond the control of the Ukrainian Youth Association in Australia, 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. For example, some activities will take place in remote settings, hours from the nearest medical services.

I am aware that there are some risks that are common to many or all of the activities in which I may participate, such as the risk of harm caused by varying weather conditions, by uneven or changing terrain and by native flora and fauna. However, some activities in which I may participate carry with them risks of harm that are particular to that activity, such as the following risks:

Sports Program (athletics, soccer, cricket, volleyball, Somerset activities):

- Losing control and colliding with obstacles such as goal posts or other people;
- Slipping and falling on slippery terrain;
- Getting kicked or bumped taking part in the activity;
- Getting hit by the ball at high speed;
- Being exposed to the elements e.g Heat for long periods of time.

Bush walking:

- Slipping and falling on terrain;
- Being bitten by various insects and reptiles;
- Being exposed to the elements for long periods of time.

Water Activities, Canoeing, Liloing:

- Being exposed to the elements for long periods of time;
- Being exposed to deep water;
- Being in an isolated location for extended periods of time;
- Possibility of drowning if a lack of swimming ability exists.
- Compromising emotional and physical well being.

Swimming:

- Falling or slipping due whilst moving about the premises;
- Being injured by others jumping and swimming around;
- Being exposed to the elements for long periods of time;
- Being injured in an area not readily accessible for emergency services.

The Hike

- Minor physical injury e.g. scratches, blisters and insect bites e.g. wasps, ants.
- Major injury e.g. asthma attacks.
- Mild dehydration.
- Severe physical injury, requiring hospitalisation e.g. broken bones.
- Hyperthermia and hypothermia

*please note consideration has been taken into account that the participants are of good health and have no prior medical conditions.

*when signing this consent form, please take into consideration that the other activities stated above could take place within the hike program.

I authorise the Ukrainian Youth Association in Australia to arrange medical treatment and emergency evacuation services on my behalf 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 I will attend with the appropriate equipment for the relevant activity. I understand that the Ukrainian Youth Association in Australia, its volunteers and staff will endeavour to keep personal items safe but that they accept no responsibility for the safekeeping of those items.

I understand that transport to any of these activities may be by fully licensed drivers in their private cars which are insured for private use only.

I also understand that it is a condition of my participation in any of these activities for me to accurately complete the medical record.

Date	
Name of Participant	
Address	
Phone Number	
Signature of Participant	
Witnessed by (<i>print name</i>)	
Signature	