

Mobile: \_\_\_\_\_

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**Contact 2: Alternative contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**To be read and signed by parent/caregiver of Student.****Parental Consent**

I agree to my child taking part in the EOTC event and have received sufficient information on which to base a decision. I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly.

**Acknowledgement of Risk**

I have read the EOTC event information sheet and I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimise those hazards. I understand my child has been involved in the development of safety procedures. I will do my best to ensure that my child follow these procedures.

I know that I am able to ask any questions of the school about the activities my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory through a 'challenge by choice'\* procedure. My child understands that they may withdraw from an activity if they feel at risk. This must be done in consultation with the person in charge.

I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* 'challenge by choice' means the participant chooses their own level of challenge within a supportive peer environment.