



## Limitation of Liability for Schools / Groups

The “operator” refers to Land’s Edge New South Wales and its partners, staff or agents. “Participant” refers to any person involved in the activity/program, (either in a supervisory role or participators role).

For those under 18 years of age or who are unable to take legal responsibility, the coordinating teacher/legal guardian/parent is the inferred “participant”.

**This form must be signed by the teacher/legal guardian/parent coordinating the activity/program.**

1. **I acknowledge** that transport to and from the activity/program is my own responsibility and not that of the operator.
2. **I am aware** that the activities/programs may be dangerous and in taking part in this activity/program I do so at my own risk.
3. **I agree** to indemnify the operator for loss, injury or damage that I may cause to other participants or property during the activity/program.
4. **Each participant** is fit and healthy enough to undertake the activities and has notified the operator of any medical condition and any physical or mental disabilities.
5. Notwithstanding these matters, and should the operator be found to be negligent, then I acknowledge that the operator shall only be limited to the extent of any insurance for which such a person is indemnified.

I acknowledge that on my own free will and desire I have contracted with the operator for the activities/programs on the basis that I have read and understand the warnings above.

I am the coordinating teacher/legal guardian/parent and I am authorised to sign for those participating in the activities/programs to whom I have explained the whole contents of this document as well as the type and extent of the activities/programs they will be undertaking.

Name: \_\_\_\_\_ School / Group: \_\_\_\_\_

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

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

## Medical Disclosure

To enable Land's Edge to offer a service that caters for your groups’ specific needs, and in the interest of safety please answer the following questions about your group.

Do **any** of the participants (supervisory staff included) have any:

- |  |          |
|--|----------|
| - Medical Conditions (asthma, allergies, diabetes etc) | No / Yes |
| - Physical Disabilities                                | No / Yes |
| - Mental Disabilities                                  | No / Yes |

### **IMPORTANT**

**If you answered ‘Yes’ to any of these questions please ensure that the appropriate person’s conditions or disabilities are documented on your organisation’s consent/medical disclosure form and a copy is faxed, posted or hand delivered to Land’s Edge prior to the commencement of the activities/programs. If your organisation does not have such a form, Land's Edge can supply one on request.**

### **PLEASE RETURN TO LAND’S EDGE BY THE DUE DATE**

Post: Land’s Edge, Building 1, Chowder Bay Road, Mosman. NSW 2088

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