

## Liability Release and Express Assumption of Risk

### ***Read This First!***

Cataract Scout Park at Appin NSW provides instruction of Adventurous Activities\* where the stimulation of the activity is derived in part from the inherent risk of participation in such activities. Cataract Scout Park provides relevant safety/protective equipment and procedural instruction deemed necessary for safe participation in such activities. However, when established safety procedures are not followed the level of risk associated to participation in such activities is increased.

The purpose of this document is to inform you/your child of some of the potential risks involved with Adventurous Activities\* and of the conduct required of you/your child during the activity. Your signature on this form is required in order for you/your child to participate in any activity offered by Cataract Scout Park at Appin NSW.

***Please read carefully and fill in all blanks before signing.*** Group name: .....

I, ..... of .....  
(Participant Name) (Participant Address)

hereby acknowledge that I have been advised and thoroughly informed of the inherent risks of Adventurous Activities\*.

### ***In particular, I acknowledge that I have been advised:***

- ☐ that Adventurous Activities\* involve certain inherent risks and that such risk may result in significant injury or disablement.
- ☐ that Adventurous Activities\* involves exposure to the natural elements including, but without limiting, the generality hereof storm, tempest, wind, sun. Such exposure brings with it the attendant risk of significant injury or disablement.
- ☐ that the Adventurous Activities\* offered in Cataract Scout Parks programs are designed to provide you/your child with a safe introduction to these activities. The instruction offered within the activity is only intended to prepare you/your child as a competent participant for the duration of the activity. I further understand and agree that prior to undertaking any further similar activity, you/your child must be thoroughly instructed in the use of equipment in a specific training course under the direct supervision of a qualified instructor.
- ☐ that you/your child will listen carefully to directions and respect the advice of those supervising any activity that you/ your child is a participant in.
- ☐ that you/your child must remain constantly alert when assisting in the safety of other participants and must maintain vigilance for potential hazards, including the wearing of safety/protective equipment provided to reduce the risk of identified potential hazards.
- ☐ that Adventurous Activities\* may be physically demanding requiring a basic level of physical fitness and that you/your child does not suffer any illness, ailment or incapacity that may limit or prevent participation in such activity.
- ☐ by the principals, servants and/or agents of Cataract Scout Park of the risks associated with Adventurous Activities\* and to the extent permitted by law, hereby release and hold harmless Cataract Scout Park, its principals, servants and/or agents from any suit, demand or claim whether present, future or contingent arising as a consequence of and not limited to death, injury or disablement received by myself/my child during the participation in the said activity or during participation in any similar activity following completion of the said activity.
- ☐ I have read the above statement and have had any questions answered to my satisfaction. I understand the importance and purpose of these established practices. I recognise they are for my/my child's own safety and well being and that failure to adhere to them can place myself/my child or others in considerable danger whilst engaged in these activities.
- ☐ I further state that I am of lawful age and legally competent to sign this liability release, or that the written consent of a parent/guardian has been obtained. I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act.

Signature of Participant ..... Date: ..... / ..... / .....

Signature of Parent/Guardian ..... Date: ..... / ..... / .....  
(where applicable)

***Adventurous Activities\* are those outlined but not limited to any activity tabled within the Cataract Scout Park Activity List***