

Parent/Guardian Acknowledgment, Consent and Release

Subject: Minors accompanying Parent/Guardian to JCU Research Stations & Other Remote Locations

Name of Place: _____ **and adjacent areas (“the JCU Location”)**

Period: From _____ **to** _____ **(inclusive)**

I am the parent or legal guardian of the minor child under the age of 18 years named below (“the Minor”).

In consideration of James Cook University (JCU) permitting the Minor to accompany me to, from and at the JCU Location for the period specified above (“**the Visit**”):-

- I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury (including death), property loss or damage) associated with the Minor’s attendance at the JCU Location (including travel to and from the JCU Location), and the Minor’s participation in any activities during the Visit.
- I recognize my responsibility to ensure that the Minor only participates in those activities (if any) during the Visit for which he/she has the required skills, training and physical conditioning, and that are otherwise safe for the Minor’s participation having regard to the Minor’s age and antecedent characteristics.
- I acknowledge and agree:-
 - That I am responsible for ensuring the appropriate supervision (at my expense) of the Minor at all times for the duration of the Visit (including travel to and from the JCU Location) and I confirm that I have made appropriate arrangements in this regard.
 - That I am responsible for providing the Minor with all food and other necessities for the duration of the Visit (including travel to and from the JCU Location).
 - That I have fully acquainted myself with the JCU Location (including its layout and facilities) and the activities proposed during the Visit (including travel to and from the JCU Location) and I acknowledge and accept the associated risks.
 - That there will be activities during the Visit which will not be safe or appropriate for the Minor to participate in or attend due to the Minor’s age, antecedent characteristics, physical conditioning, and other factors.
 - That it is my responsibility to ensure that the Minor is adequately outfitted and/or cared for at all times during the Visit (including travel to and from the JCU Location) and that I will provide all personal protective equipment required by the Minor (including, but not limited to, life jackets, hats, covered footwear, and insect and sun protection).
 - That if the Minor has a known medical condition requiring medication, I will ensure that the Minor has sufficient medication for the duration of the Visit and that I will be fully responsible for ensuring that this medication is safely and appropriately administered and stored.
- I acknowledge that JCU and all persons (including each of JCU’s officers, employees, volunteers, students and agents) involved in the organization, oversight and management of the Visit and otherwise attending to the day-to-day operations at the JCU Location (“**the JCU Supervisors**”) have taken and will take all reasonable care to avoid injury to person (including death) or property loss or damage, and I agree that JCU and each of its officers, employees, volunteers, students and agents (including the JCU Supervisors) shall not be held liable for any personal injury (including death) or property loss or damage of any kind whatsoever.
- To the fullest extent permitted by law, on behalf of the Minor, I forever release, discharge and indemnify JCU and each of its officers, employees, volunteers, students and agents (including the JCU Supervisors) from and against any present or future claim, cause of action, loss or liability for injury to person or property which the Minor may suffer, or for which the Minor may be liable, relating or incidental to the Visit (including travel to and from the JCU Location) and/or relating to or incidental to the Minor’s participation in any activities during the Visit
- I agree to ensure that the Minor and/or the Minor’s carer complies with all reasonable requests or directions of the JCU Supervisors (relating to the behaviour or participation of the Minor in activities during the Visit, or otherwise) and I understand that any failure to so comply may result in the Minor and the Minor’s carer being required to depart early from the JCU Location.
- I accept full responsibility for the behavior and actions of the Minor for the duration of the Visit (including travel to and from the JCU Location). I agree to fully compensate JCU and/or any other property owner for any damage that the Minor may cause to the property of JCU or that other property owner during the Visit (including travel to and from the JCU Location).
- I acknowledge and agree that there may be areas at the JCU Location where the Minor is prohibited from entering or attending, along with other restrictions or requirements (the details of which will be provided at or before arrival at the JCU Location). I agree to ensure strict adherence to these restrictions and requirements, and acknowledge that any failure to so comply may result in the Minor and the Minor’s carer being required to depart early from the JCU Location.
- I have explained to the Minor and the Minor’s carer that they need to take reasonable precautions to avoid hazards and they understand the need to follow all directions given by the JCU Supervisors with respect to safety, the use of equipment and facilities, their exclusion from any areas at the JCU Location, and their interaction with others (including other children and JCU staff) during the Visit.

- I am aware that it may be necessary for people other than myself to know about conditions which pertain to the Minor, and that any information I provide in this form will be treated with the strictest confidence and not be disclosed to anyone (other than JCU Supervisors) without my consent, except in the case of a medical emergency.
- In the event of an injury or illness during the Visit, I give permission for the JCU Supervisors (when and if they are present) to obtain or administer medical assistance or treatment which the Minor may reasonably require (subject to availability and ability). I am aware that the first aid facilities at the JCU Location do not include provision of medications such as analgesics, antihistamines, Ventolin, insulin etc and/or medication in child size doses. Should medical assistance or treatment be necessary, I understand that I will be notified as soon as practicable and I accept full responsibility for all costs incurred in obtaining such medical assistance or treatment (including all evacuation and other transport costs). I understand that JCU has no responsibility to pay for medical treatment and/or related costs if the Minor is injured or becomes ill.
- I am aware and understand that the Minor (along with the Minor's carer) will not be covered by JCU's insurance policies and that for the duration of the Visit (including travel to and from the JCU Location) I should ensure that the Minor and their carer are covered by appropriate health, travel and/or any other insurance considered prudent.
- I agree that if any portion of this document is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I understand the legal consequences of signing this document, including (a) releasing James Cook University and its officers, employees, volunteers, students, and agents (including the JCU Supervisors) from all liability on my and the Minor's behalf; (b) promising not to sue on my and the Minor's behalf; (c) and assuming all risks of and incidental to the Minor accompanying me on the Visit and any participation of the Minor in activities during the Visit (including travel to and from the JCU Location). I understand that I am responsible for the obligations and acts of the Minor as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

PLEASE PRINT DETAILS BELOW IN CLEAR LETTERS

*Minor's Name: _____

*Minor's Age: _____

*Parent/Guardian's Name _____

*Signature of Parent/Guardian _____

* Date: _____

PERSONAL MEDICAL & OTHER CONSIDERATIONS:

Does the Minor have any medical conditions? If so, please specify (including details of any medication):

Does the Minor have any other vulnerabilities or conditions of which JCU should be aware? If so, please specify:

EMERGENCY CONTACT:

Name, address and phone number of person to be contacted in the event of an emergency involving the Minor (other than the accompanying parent or legal guardian):

Privacy Notice
 James Cook University (JCU) is collecting the personal information requested in this form in order to:
 - obtain lawful consent for your child to accompany you at the JCU Location;
 - help coordinate the Visit; and
 - for the other purposes set out in this form.
 The information will only be accessed by authorised JCU employees and contractors and will be dealt with in accordance with the requirements of the Information Privacy Act 2009 (Qld).
 The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given JCU permission for the information to be disclosed.
 Your rights to access and amend your personal information are set out in the Information Privacy Act 2009 (Qld) which also places obligations on JCU as to how we handle your personal information.