

THE KIDS CASTLE

SCHOOL HOLIDAY PROGRAM ACTIVITY WAIVER

Name(s) of Child(ren)

Date of Program: Thursday 14th April 2022

Description: Rainbow Warriors Incursion

Venue: The Kids Castle

Location: Cnr of Rosebridge Avenue & Kendall Road, Castle Cove, NSW 2069

Start Time: 1:30pm

End Time: 3:30pm

Activity: Coloured powder pigment and obstacle course, problem solving and exercise challenges

Estimate Number of children on the day: 45

Estimate Number of Educator: 3 + 1 Supervisor

Ratio: 1:15

Risk Assessment: Available at the Kids Castle Website / at Centre

I, _____
(parent/guardian name) agree to the following: I acknowledge that participation in activity programs delivered by The Kids Castle involve certain risks and could result in some possible personal injury. I accept that, despite precautions being taken by Kids Castle educators, accidents and incidents causing physical injury may occur. I declare my child/ren physically and medically fit, free from impairment and able to reasonably participate in the chosen activities.

By signing this form, I, on behalf of my child/ren, agree to release, waive and discharge the Kids Castle and its employees from liability for any personal injury that they may experience (including but not limited to trauma, scrapes, bruises, cuts, sprains, fractures, broken bones, concussions or loss of life), and/or property loss/damage, arising from participation in the Kids Castle activity programs.

(Signature of Parent/Guardian)

(Date)