**Polish Australian Youth Gathering Inc.**
**Release, Consent, and Waiver of Liability**
**II Polish Australian Youth Gathering of Ernestyna Skurjat-Kozek (the "Camp")**

I, the undersigned, hereby give my full consent and approval (for myself or my child/dependent, as applicable) to participate in the II Polish Australian Youth Gathering of Ernestyna Skurjat-Kozek ("the Camp"), organised by Polish Australian Youth Gathering Inc.

I acknowledge and understand that participation in Camp activities may involve inherent and unforeseeable risks, including but not limited to kayaking (life jackets provided), swimming, bushwalking, and other outdoor or group-based activities. I voluntarily permit myself or my child/dependent to participate in all Camp activities, fully aware of the potential risks involved.

I knowingly assume all risks, hazards, and responsibilities associated with my or my child's/dependent's participation in the Camp, including any risks that may arise as a result of the acts, omissions, or negligence of the organisers, volunteers, instructors, or third parties. For myself, my child/dependent, and on behalf of our heirs, executors, administrators, and assigns, I hereby waive, release, and discharge Polish Australian Youth Gathering Inc., its officers, agents, instructors, partners, and volunteers (collectively, "the Organisers") from any and all liabilities, claims, demands, actions, or causes of action arising from property damage, personal injury, illness, disability, death, or any other loss that may occur in connection with participation in the Camp.

Furthermore, I agree to indemnify and hold harmless the Organisers from any liability, claims, damages, or expenses (including legal fees) that may result from my or my child's/dependent's participation in the Camp. This indemnity extends to any claims brought by me, my child/dependent, or our heirs, executors, administrators, or assigns.

I also grant permission for the Organisers to capture, use, and reproduce photographic images, video recordings, and audio recordings of myself or my child/dependent for lawful promotional, educational, or archival purposes. I understand that these materials may be used without payment or compensation, and I waive any right to inspect or approve the final materials or their use. I release the Organisers from any liability related to such use.

**Medical Information**
Does the participant have any medical condition(s) that may affect participation?
If yes, please specify any required accommodations or considerations:

---

---

**Medical Treatment Consent**

By signing below, I authorise the Organisers to arrange any necessary medical treatment for myself or my child/dependent during the Camp. I understand that I am responsible for any associated medical costs.

I acknowledge that by signing this document, I am voluntarily waiving the right to sue Polish Australian Youth Gathering Inc. or its representatives for any injury, loss, or damage arising from participation in the Camp.

I HAVE CAREFULLY READ THIS RELEASE, CONSENT, AND WAIVER OF LIABILITY. I FULLY UNDERSTAND ITS TERMS AND ACKNOWLEDGE THAT I AM SIGNING IT FREELY AND VOLUNTARILY, WITH FULL KNOWLEDGE THAT IT LIMITS MY LEGAL RIGHTS AND/OR THOSE OF MY MINOR CHILD/DEPENDENT.

---

**Parent/Guardian or Participant Signature (if participant is 18 or older):**

---

Signature

---

Printed Name

---

Date

---

**Participant Information**

Name: _____
Age: _____
Address: _____
City/Suburb: _____
Primary Phone Number: _____
Secondary Phone Number: _____