

UIF10 Parent Consent Form

This form is for use on any Unit activity unless otherwise ordered.

Cadet Rank and Full Name:

Exercise Name:

Exercise Dates: / /

I agree to the above Cadet participating in the exercise named above.

Acknowledgement of risk

I understand that there are risks associated with the involvement in the activity and that these risks cannot be completely eliminated. I understand that the Unit has identified and will identify any foreseeable risks or hazards and implement correct procedures to eliminate, isolate or minimize those hazards.

I recognise that participation in activities on the above exercise is voluntary and not mandatory and I understand that my child may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.

I understand that the Unit does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy if applicable.

Payment

I agree to pay the cost the activity before the given date. I also agree that if the above Cadet cannot attend the activity, I may still be liable for the cost.

Medical and Next of Kin

I confirm that the medical information and next of kin information on the above-named Cadet's CadetNET profile is up to date and complete.

If you have any concerns about the above, please contact FGOFF Webber to clarify further.

Parent / Guardian or 18yo+ Cadet Name:

Signed:

Date:

If this form is sent from a registered parent/guardian's email address it will count as signed by that parent.