



# KOTARA HIGH SCHOOL

## SPRINGLOADED PERMISSION NOTE

**Please return this note when paying bus fare to the office and prior to the sport commencing.  
A WAIVER FORM MUST ALSO BE COMPLETED AND SUBMITTED.**

The Kotara High School Sports Program offers its students a variety of activities, some of which require leaving the school grounds. Parental permission is required when leaving the school to firstly participate in the activity and secondly for the bus travel involved. This also includes a commitment to pay the weekly fee.

**I understand that a weekly fee of \$10.00 is required to be paid to the venue each week.  
I am also prepared to pay the \$30 bus fare by the first week of sport.**

I give my Son/Daughter \_\_\_\_\_ of Year \_\_\_\_\_  
permission to participate in the sport of \_\_\_\_\_ for Term \_\_\_\_\_ 2022.

I am aware that this activity involves risks.

I also understand that for legal/safety reasons if this note is not returned before sport commences, or if my son/daughter is not wearing the correct sports equipment or they do not have the weekly fee, they will be unable to participate but will still be under the supervision of their sport teacher and attend the venue.

To the best of my knowledge my child has no medical condition, disability or injury which puts him/her at risk in participating in this activity. (NB: if there is please inform the supervising teacher). All relevant medical information regarding my child has been submitted to the administrative office at the school.

In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf that my child might require. I also give permission for my child to travel to and from the venue.

**Parent/Guardian signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

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**Please return this note AND WAIVER when paying bus fare to the office and prior to the sport commencing**

## SPRINGLOADED Liability Waiver

### PLEASE READ AND UNDERSTAND

Springloaded (referred to as SL) wishes to advise you of the significant risk of injury that engaging in action sports activities such as trampolining, netball, gymnastics, parkour and court sports entail. **I acknowledge that my participation in any SL activities entails known and unanticipated risks that could result in physical or psychological injury, paralysis, death, damage to myself, property or third parties.** I understand that such risks cannot be avoided without jeopardising the essential qualities of the activity. I agree to abide by the rules whilst in the premises, and to listen to and follow all instructions from SL staff. I agree that at the time of entry I am in good physical shape, I am under 130kgs in weight and I am not under the influence of drugs or alcohol.

By signing this waiver I expressly agree to assume all liability for my health and wellbeing whilst I am engaged in the activities provided by SL. I further agree to indemnify and forever hold harmless all staff and entities associated with SL. Should I for any reason file legal action against SL I agree to do so solely in the state of NSW & QLD. I further agree to allow SL to use my image or likeness in any promotional materials without claim for compensation.

Full Name:.....Age.....	<div>OFFICE USE</div>	\$ ____
Full Name:.....Age.....		\$ ____
Full Name:.....Age.....		\$ ____
Full Name:.....Age.....		\$ ____

- You must be 18yrs or older to sign this waiver
- Children under the age of 12yrs must have a responsible onsite throughout the duration of session
- Children 5yrs and under must always have a responsible adult alongside throughout the duration of session

Print & Sign Name:.....

Emergency Contact Details:.....

Date:...../...../.....

Session Time:.....

OFFICE USE ONLY: PAYMENT DETAILS

AMOUNT \$ C E

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