



Radio and Electronics Association of Southern Tasmania Inc.

The Radio and Electronics Association of Southern Tasmania Incorporated (REAST Inc.) is a non-commercial group of people who encourage, develop and educate each other on radio communication and electronic techniques in all its forms with special reference to licensed radio amateurs. This purpose and associated activities will involve vulnerable persons including young people and REAST is committed to providing an environment that is safe for participation in these activities. The nature of these activities include, but is not confined to, meetings, travel, visits, demonstrations, education, experimentation and radio operation in diverse and sometimes remote locations. The provision of communications systems to motor sport events is a regular activity. When this is undertaken the rules, policies, procedures and controls associated with the activity are those of the organising body which will require its own separate parental consent arrangements to be completed.

PARENTAL/ GUARDIAN/ CARER CONSENT FORM

In consideration of the Radio and Electronics Association of Southern Tasmania Incorporated (REAST Inc.) organising, conducting and allowing my son/ daughter/ child/ vulnerable person to participate in REAST Inc. activities with my consent, (as testified by my signature below), I hereby undertake and agree that I shall at all times hereafter on behalf of myself, my heirs, and assigns and my legal representative indemnify and keep indemnified the Radio and Electronics Association of Southern Tasmania Incorporated, its officers, servants and agents successors and assigns or any one or more of them from and against claims, actions, suits, damages, expenses and costs of every nature of description whatsoever which may be made or incurred by reason of or in consequence of:

- a) any accident, incident, mishap, injury or loss caused or occasioned either wholly or partially by the participation or non-participation of my above named son/ daughter/ child/ vulnerable person in the activity;
- b) the manner in which the activity was so organised or conducted;
or
- c) his / her treatment in the course of the activity.

Whether occasioned by an act, default or omission by REAST Inc., its officers, servants, agents or successors.

I hereby further authorise and agree that REAST Inc. or its officers, servants or agents successors or assigns may seek and obtain for my son/ daughter/ child/ vulnerable person such medical advice and treatments as may be necessary or expedient and I hereby undertake to pay any expenses so incurred.

My son/ daughter/ child/ vulnerable person has / does not have (please circle which applies) known medical or physical conditions, including allergies, which may affect his/her participation or be relevant if medical treatment is needed.

If applicable, please list below.

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.....Medicare No.....

I am the Parent/ Guardian/ Carer of (Full Name)

My Name

Contact Phone 1. 2.

Signature Date