

Lavers Hill Heated Swimming Pool Committee of Management-Consenting Recognition of Risk

I/We wish to participate in the recreational activity program of the Lavers Hill Heated Pool operated by the Lavers Hill Pool Committee of Management.

I understand that the activities in which I may participate:

- Can be physically and emotionally demanding and
- May involve a significant risk of physical harm.

My participation in any activity is voluntary and not compulsory.

I understand certain inherent risks exist in the activities in which I will be participating. Although the organisation and its instructors will provide me with appropriate directions and will endeavour to minimise my exposure to the risk of harm, these inherent risks are beyond the control of the Lavers Hill Pool Committee of Management, Colac Otway Shire and the Department of Education, Victoria, its volunteers and staff and cannot be avoided by the exercise of reasonable care and skill. Inherent risks include changes in weather conditions and difficulties in obtaining emergency medical assistance.

I/We are aware that there are some risks common to many or all of the activities in which I may participate, such as the risk of harm caused by varying weather conditions, by uneven or changing terrain and by native flora and fauna. However some activities in which I may participate carry with them risks of harm that are particular to that activity, such as the following risks:

- *Drowning
- * Slipping or falling and impacting head and or limbs on hard surfaces
- *Eye, nose and ear irritations
- * Cramping of muscles
- *Ingestion of chemical or community bathing water
- *Accidentally pushing over and or falling into the pool or colliding with the decking area

A comprehensive risk management process has been completed at Lavers Hill pool and this document is available at the College and is subject to ongoing review.

I authorise the Lavers Hill Pool Committee of Management to arrange medical treatment and emergency evacuation services on my behalf and at my cost, in the event of any injury or illness, as deemed necessary.

When participating in any of these activities, I will ensure that I attend with the appropriate personal gear for the activity. I understand the Lavers Hill Pool Committee of Management accepts no responsibility for the safekeeping of personal items.

Lavers Hill Swimming Pool 2014 Family name of participants _____

Address _____

Contact Number: _____ Mobile _____

Participants must personally sign if they are 18 and over, and a parent or Legal Guardian if under 18:

Participant _____ Signed _____

Participant _____ Signed _____

Participant _____ Signed _____

Participant _____ Signed _____

Participant _____ Signed _____

Participant _____ Signed _____

WITNESSED _____ SIGNED _____ DATE _____