

# Activity Consent Form

## QLD Youth Aldridge Equestrian Challenge 2025

### Privacy notice

The Department of Education is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.

### Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

### Consent

By signing this form I agree that:

- I have read all of the information contained in this form in relation to the activity (including the Rules Booklet & Risk Assessment) and I am aware that the department does not have personal accident insurance cover for students.
- I give consent for my child, \_\_\_\_\_ <insert child's name>  
from \_\_\_\_\_ <insert school name>,  
in class \_\_\_\_\_ <insert year level>, to participate in the Aldridge Equestrian Challenge at Maryborough Showgrounds & Equestrian Park on 23 to 27 June 2025.
- I agree to pay nominations fees to nominate.com.au for my child's participation in the activity.
- In the event of an accident or illness, school staff/event volunteers may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs via the Medical Form.

### Media Consent

- I give permission for my child/ren image to be used on social media & print publications for the QLD Youth Aldridge Equestrian Challenge. <please circle one> **Yes / No**

### Day Membership: Southern Cross Xtreme Cowboy Racing

- I agree that to participate in this event my child/ren will become a day member of Southern Cross Xtreme Cowboy Racing for the duration of the event.

Parent/Carer's Name: \_\_\_\_\_ (Please print)

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

