



## THE DUKE OF ED PARENTAL OR GUARDIAN CONSENT

This form must be completed for **ALL** Participants Under 18 Years Of Age

I, .....  
(full name of parent or guardian)

of.....  
(address)

State : ..... P/C.....

Tel Home: (.....)..... Mobile: .....

Email: .....

I am the parent/guardian of ..... (full Participant name).  
I consent to him/her participating in The Duke of Edinburgh's Award in Australia (**The Duke of Ed**) under the supervision of .....(name of **Licensed Operator**, the organisation who is running *The Duke of Ed*) and undertaking activities to fulfil the requirements of The Duke of Ed program.

### **REQUIREMENTS AND CONDITIONS**

1. I have read and understand the requirements and conditions for my son/daughter's participation in The Duke of Edinburgh's Award in Australia, as described on the website [www.dukeofed.com.au](http://www.dukeofed.com.au) (also available from your State/Territory Duke of Ed office).
2. I will satisfy myself that any Assessor of Supervisor chosen by the Participant who is not an employee of the Licensed Operator is qualified to instruct, supervise or assess the relevant section of The Duke of Ed Program.
3. I consent to the Licensed Operator and any other individuals, including volunteers, who are involved in or assist in organising The Duke of Ed, transporting the Participant for the purpose of participating in activities or functions related to The Duke of Ed program, as required. I understand that the Licensed Operator will notify me in advance of when and where such travel will occur.
4. I understand that certain activities in the High Risk Activities Schedule set out in schedule 1 are not covered by the insurance arrangements of the National Award Authority (**Excluded Activities**). I understand that the responsibility for all risks arising from the Participant's participation in Excluded Activities is placed solely upon the Participant.
5. I authorise the Licensed Operator and any other individuals who participate in, are involved in or assist in organising The Duke of Ed, in the event of any accident, injury, illness or loss suffered by the Participant whilst participating in, or travelling to and from, any activities or functions



related to The Duke of Ed Program, to obtain any necessary medical assistance or treatment including, but not limited to, engaging any doctors, nurses or hospital accommodation.

6. I consent to pay all such doctors, nurses or hospital accommodation fees and expenses incurred on behalf of the Participant as a result of any such accident, injury, illness or loss suffered by the Participant whilst participating in, or travelling to and from, any activities or functions related to the Award Program.
7. I consent to and understand that photographs may be taken of my son/daughter participating in certain activities related to The Duke of Ed and such photographs may be used for promotional purposes.

Parent or Guardian Signature .....Date .....

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The Licensed Operator agrees to accept the abovementioned as a Participant on the terms contained in this form.

Signed on behalf of

The Licensed Operator: .....Date: .....

**PLEASE RETURN COMPLETED FORM AND REGISTRATION FEE PAYMENT TO THE LICENSED OPERATOR**