



Ergonomic Fashion and Accessories

ABN: 43 797 336 289

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www.kharico.com.au

Consent Form

1. I give my permission for my child to be a participant of Kharico's sewing lessons at 15A Hammett Street, Currajong ("the Program") and to participate in classes and workshops associated with the Program.
2. I understand that sewing includes the use of machines, needles, scissors, irons, and other tools. These activities include risks that can cause or lead to injury. I grant permission to operate sewing machines and to use sewing tools and equipment.
3. I have provided all the information that is necessary for employees and volunteers of the Program to plan safe and reasonable care of my child during the Program. (See over page)
4. In the event of any accident or illness through the duration of the Program, where contact with the children's parent/guardian is impossible I hereby authorise the obtaining on my behalf of any medical assistance for my child that a registered medical practitioner considers necessary. I further authorise qualified practitioners to administer anaesthetic to my child if such an eventuality arises. I undertake to pay any medical, ambulance fees and/or costs incurred in this regard.
5. I understand that the Program and it's owners, teachers and volunteers will under no circumstances be held responsible for any personal injuries, damage and loss to my child that may occur: a) in travelling to and from the Program, and/or b) at the attendance of the Program.
6. I will not bring any legal claim on my child's behalf against the Program and It's owners, teachers and volunteers in the event that any personal injury, damage or loss is sustained by my child.
7. I acknowledge that I have read and understand the information provided on this enrolment form and agree with the conditions set out above.

.....(Signed)(Name)

.....(Name of course participant)

.....(Date)

Consent Form cont.

Student Name:
Contact Address:
Month and Year of Birth:
Contact phone number:
Relevant Medical Information: (Please include any allergies or medications required)
Any other information:

Emergency Contact Details

Parent/guardian's name, address and contact details:		
Work:	Home:	Mobile:
Alternate contact person's name, address and contact details if parent/guardian is unavailable:		
Work:	Home:	Mobile:

.....(Signed)(Name)
.....(Date)