

2025 National Conference Risk Waiver and Consent Form

Please note

1. Booking/Registration is necessary prior to the commencement of the program to secure your place.

2. Conference fees must be received in full by CFC Australia no later than **01 June 2025**

Couples for Christ Australia (CFCA) will collect and store the information you provide to enable processing of bookings to the conference. The information will be provided to the Youth Leaders and Couple Coordinators, where necessary, and you consent to this disclosure. Any information provided by you will be stored on a database that will only be accessed by Couple Coordinators and Youth Leaders and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected.

Refunds and Cancellations

No refunds will be given for cancellations made by a registered participant. However, fees are transferable in the event of a booking cancellation. All requests for transference of paid fees must be made in writing. Refunds will not be given for partial attendance. CFCA reserves the right to cancel the program in whole or in part. Every effort will be made to give reasonable notice to those who have registered when the program is cancelled. Only in such instance will those registered be given a full refund.

Hosting before and after Conference

Accommodation for interstate participants before and/or after the conference is optional and subject to prior arrangements between you, your child and the host family. You agree that CFCA is not responsible for ensuring adult supervision during this period.

a) I agree to my child's/ward's attendance at the conference noted above. In case of an emergency, I authorise the Couple Coordinators, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and medicines while my child/ward is enrolled with the program. I understand that although CFCA and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of the program, **and**

b) Please tick whichever applies to you



t LI I do not consent

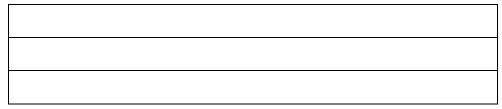
Parent

To allow CFCA to use my child's/my ward's name and any photographs, sound and film recordings taken of my child/my ward at this program for the promotion of CFCA and its Youth Ministry, Youth for Christ, Singles for Christ, services and initiatives to the media and to the general public.

Please tick

Guardian

Full Name of Child /children (print)



Signature of Parent over Full name (print)	Date: