



# Hays International College

CRICOS Number: 02790D

Provider Number: 21838

## EXECURSION INDEMNITY FORM

(STUDENT TO COMPLETE THIS FORM IN **BLOCK LETTERS**)

Students Name: \_\_\_\_\_

Students ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please write any recurring or known illness / allergies which may require specialized medical attention:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I undersigned, being a student will be required as part of my course to participate in activities or excursions and undertake to abide by any rules issued by Hays International College and any directions given by any employee of Hays International College in charge of the activity or excursion.

I understand that I will be required to cover the costs of the excursion, and that Hays International College has made every effort to keep these costs to a minimum. I understand that I will be required to use my own form of transport to and from the excursion, unless otherwise arranged. I understand that I am responsible to look after my own property when on an excursion.

I am in good health and agree to advise Hays International College immediately if I contract any disease or illness or sustain an injury which is likely to be detrimental to the health or wellbeing of other members of the group.

I indemnify Hays International College from any loss or injury that I may incur while participating in the activity or excursion and agree that Hays International College and its employees have no liability in relation to my involvement in the activity or excursion, except to the extent caused by the negligence of Hays International College or its employees.

In the event of an accident or illness, I authorise Hays International College and its employees to obtain medical assistance for me and agree to pay the expenses.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form Received by (initials):

\_\_\_\_\_

Date: \_\_\_\_\_

Student File Updated by (initials):

\_\_\_\_\_

Date: \_\_\_\_\_