



Dear Parent/Guardian,

Today's Date: 17th March 2017

Below are the details of an upcoming Excursion / School Activity involving your child:

<b>Excursion Name:</b> Wingham Beef Week	<b>Class/Group:</b> Agriculture students
<b>Destination:</b> Wingham Showground	<b>Date:</b> 15th- 19 <sup>th</sup> May
	<b>Cost:</b> \$130.00

<b>All notes and payments (or advice of online receipt number) must be returned to Student Reception and finalised by</b>	<b>Date:</b> Wednesday 5 <sup>th</sup> April 2017
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<b>Organising teacher:</b> Mrs Briggs	<b>Email:</b> <a href="mailto:louisa.briggs@det.nsw.edu.au">louisa.briggs@det.nsw.edu.au</a>
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**\*\*BWSC Umina has completed a Risk Assessment for this excursion which can be provided to parents if requested\*\***

**Excursion description: Prepare and Parade Cattle for competition, care for the stock, compete in Junior Judging, Meat judging, Parading and attend workshops**

**Privacy Advice Notice:** The information provided on your child is being obtained by the School for the purpose of ascertaining relevant medical information requirements and other health-care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Brisbane Water Secondary College. It will be used by Officers of the NSW Department of Education and Training to assist planning, to support students and to minimise risks when conducting school excursion, sporting or other activities. Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity and persons that may be called upon to provide health-care treatment or other assistance during or as a consequence of such excursions or activities. Provision of this information is not required by law. However, a failure to provide the information may mean that your child cannot participate in a particular excursion or school activity. In such circumstances, the school will make available a sound alternative educational experience. Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the School Principal to discuss further. You may correct any personal information provided at any time by contacting the School office.

**\*\* Important Note: Whilst excursion refunds will only be given in extenuating circumstances, NO refund will be given for bus costs \*\***

<b>Departure details:</b>	<b>Time:</b> Monday 9 am	<b>Location:</b> School Farm
<b>Return details:</b>	<b>Time:</b> Friday 6pm	<b>Location:</b> School Farm
<b>Transport:</b>	<b>Travel by:</b> bus	
<b>Dress Requirements:</b>	Show Team Shirt or School uniform, boots, jeans and hat	<b>Other Requirements:</b> See attached sheet

Mrs Briggs

Excursion Co-ordinator

Mr Bateman

Head Teacher

Umina Middle School Campus  
Veron Road  
UMINA NSW 2257

Ph: 02 4341 9066  
Fax: 02 4343 1704  
Email: [umina-h.school@det.nsw.edu.au](mailto:umina-h.school@det.nsw.edu.au)

Woy Woy Senior Campus  
Edward Street  
WOY WOY NSW 2256

Ph: 02 4341 1600  
Fax: 02 4344 3263  
Email: [woywoy-h.school@det.nsw.edu.au](mailto:woywoy-h.school@det.nsw.edu.au)

## To Be Completed for Overnight Excursions and All Water Activities Only

Check boxes to indicate the sections to be completed and signed by parent/caregiver and returned to Student Reception by Wednesday 5<sup>th</sup> April



### Water or swimming activities - advice

The excursion will involve the following water or swimming activities: name activities

These activities will take place at: name place

The school will provide the following flotation devices to students who may require assistance in the water: list devices

### Water or swimming activities - parent/caregiver response

In relation to the proposed water or swimming activities, I advise that my child is a: *(please tick one)*

strong swimmer       average swimmer       poor swimmer       non-swimmer

I advise that my child requires the following flotation device to assist him/her in the water: \_\_\_\_\_

I undertake to provide this device so that my child can participate in the excursion. Yes / No

I give / do not give permission for my child to participate in the water or swimming activities.

Parent/Caregiver Signature:



### Overnight excursions - advice

Accommodation will be at: Wingham Showground

The group will be supervised by: Mrs Briggs

Additional information:

### Overnight excursions - parent/caregiver response

I understand that my son / daughter will stay overnight as per the above details.

Parent/Caregiver Signature:



### Overnight excursions - parent/caregiver response

I understand that my son / daughter will be travelling by private vehicle

Parent/Caregiver Signature:



### Travel insurance - advice

The Department recommends that parents or caregivers arrange travel insurance for students for intrastate or interstate excursions that require travel by air.

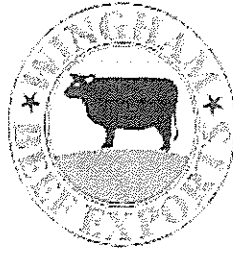
### Travel insurance - parent/caregiver response

I have arranged travel insurance with:  
A copy of that policy is attached.

Parent/Caregiver Signature:

**PLEASE COMPLETE THE RELEVANT SECTIONS ON THE BACK**





## VISITOR SITE RULES

1. Visitors must report to main office on arrival.
2. Visitors prior to proceeding past main office must sign the visitors register and fill out zoonotic disease's declaration paperwork as required.

Health Declaration: Have you suffered from illness such as vomiting, diarrhoea or skin disease in the last 48 hours? If so, do not enter Production Areas.

3. Approved footwear must be worn at all times
4. Visitors must remain under the direct supervision of a company representative unless otherwise directed.
5. Visitors must follow the directions of management at all times.
6. Hygiene requirements are to be adhered to at all times as instructed by company representative
7. Safety requirements are to be adhered to at all times as instructed by company representative.
8. All safety signs are to be strictly adhered to.
9. Whilst on site smoking is not permitted.
10. In the event of an evacuation visitors are to assemble at area **No. 5** adjacent to the small gate near reception.
11. No photography or filming without authorization.
12. Visitors must report to reception prior to leaving the site to sign out in the visitors register.

I ACCEPT AND AGREE TO THE ABOVE CONDITIONS OF ENTRY TO WINGHAM BEEF EXPORTS

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

# WINGHAM BEEF WEEK



**PO Box 207**

**Wingham NSW 2429**

**Email: [winghambeefweek@live.com.au](mailto:winghambeefweek@live.com.au)**

**PRESIDENT: PAUL RELF – Phone 0427 915 152**

**SECRETARY: REBECCA KEMP – Phone 0423284712**

Date: .....

Name:.....

Child's Name: .....

Telephone No:.....

## **Photography Consent Form**

I understand that:

- My/My child's photographs may be presented in a variety of formats including printed publications and electronically on the Wingham Beef Week website and Facebook Page.
- My/My child's full name may be used in some cases to describe the content of the photographs
- I/My child will not receive any royalties from Wingham Beef Week for the use of my/my child's photographs
- I may contact Wingham Beef Week in writing, to request that my/my child's photographs no longer are used in future publications. On request Wingham Beef Week will cease to use my/my child's photographs. I acknowledge that Wingham Beef Week will not be able to withdraw all current publications (already featuring my photograph) from circulation.
- I understand that Wingham Beef Week will not give permission to any other person or company to use my/my child's photographs without my prior consent
- I understand that Wingham Beef Week will use my/my child's photographs respectfully and will not alter them in anyway.

I hereby agree that my/my child's photographs may be reproduced in print and electronic format for Wingham Beef Week purposes only.

Signature:.....

## **Privacy Statement**

Wingham Beef Week respects your privacy.

We will only use the information provided in this form for the purposes of processing your consent.

If you have any questions about Privacy, please call Wingham Beef Week Secretary on 0423284712

**PARTICIPANTS INDEMNITY and WAIVER**  
Agricultural Societies Council of New South Wales Incorporated

**RISK WARNING**

The Agricultural Societies Council of New South Wales advises that the participation, including passive participation, in events or activities at an agricultural show contains elements of risk, both obvious and inherent. The risks involved may result in property damage and/or personal injury including death.

1. I the signatory acknowledge, agree, and understand that participation, including passive participation, in events and activities at this, or at any show contains an element of risk of injury and I agree that I undertake any such risk voluntarily of my own free will and at my own risk.

2. I the signatory acknowledge, agree, and understand that the risk warning at the top of this form constitutes a 'risk warning' for the purposes of Division 5 of the *Civil Liability Act 2002 (NSW)*.

3. I the signatory acknowledge the risk referred to above and agree to waive any and all rights that I, or any other person claiming through me, may have against the Wingham Beef Week in relation to any loss or injury (including death) that is suffered by me as a result of the undersigned's participation in any event held by the show.

4. The signatory must continually indemnify the Wingham Beef Week on a full indemnity basis against any claim or proceeding that is made, threatened or commenced and any liability, loss (including consequential loss and loss of profits), damages or expense (including legal costs on a full indemnity basis) that the Wingham Beef Week incurs or suffers, as a direct or indirect result of the participants participation in any event held by the Wingham Beef Week

I have read this Indemnity and Waiver form and acknowledge and agree with its contents. I have made any further enquires which I feel are necessary or desirable and fully understand the risks involved in this activity.

Name: .....

Address: .....

Signature: ..... Date: .....

- I ACKNOWLEDGE THAT I HAVE READ THE DOCUMENT WARNING ME OF THE RISKS OF MY PARTICIPATION IN THE ACTIVITY.
- I HAVE MADE ANY FURTHER ENQUIRES WHICH I FEEL ARE NECESSARY OR DESIRABLE AND FULLY UNDERSTAND THE RISKS INVOLVED IN THIS ACTIVITY.
- I SIGN THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME

NAME OF SHOW: **WINGHAM BEEF WEEK**      DATE: **15<sup>th</sup> TO 20<sup>th</sup> MAY 2017**

Participant's Name (Please Print) \_\_\_\_\_

Participants Signature Address \_\_\_\_\_

I have observed the sighting and signing of this document by the participants listed above.

PLEASE PRINT YOUR NAME: \_\_\_\_\_

Signature of Responsible Official / Witness \_\_\_\_\_ Date \_\_\_\_\_