

Brisbane Australia

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Under 18's Supervision Program – Activity Permission Form				
Title: First	Name:	Surname:	Date of Birth:	
Subu	rb/City/ State/Region:	Postcode:	Citizenship:	
(mobile)		Email:		
n – written evidence:				
Surname:			Citizenship:	
City/	State/Region:	Postcode:		
(mobile) _		Email:		
("Parent/Gu	lardian") warrant that	I am the legal parent or guardian of	student name here	
student name here	to go to	home/country		
date from	to	date return		
	Title: First Subu (mobile) (mobile) City/ (mobile)	Title:First Name:Suburb/City/ State/Region:Suburb/City/ State/Region:(mobile)Surname:Surname:City/ State/Region:City/ State/Region:(mobile)(mobile)(mobile)(mobile)("Parent/Guardian") warrant that student name hereto go to	Title:First Name:Surname:Suburb/City/ State/Region:Postcode: (mobile)Email:	

3. I hereby release QUT, its staff, and other assistants/volunteers from any liability whatsoever arising from any loss, injury or damage which student name here may suffer or incur, directly or indirectly as a result of his/her actions and I agree to refrain from instituting any action, suit, claim, or demand whatsoever in respect of any loss, injury or damage which student name here may suffer or incur.

4. I release and will release the University from all claims, demands and proceedings including liability for personal injury, death or property damage which may arise due to any negligent act or omission or otherwise.

Parent / Guardian Signature	Parent / Guardian Name	Date
QUT Staff Signature	QUT Staff Name	Date

International Student Services – Under 18's Supervision Program CRICOS No. 00213J