# **Conditions of Participation**

## **2022 First Year Advanced Humanities Orientation Camp**

Camp participants are required to exert full co-operation and common sense and to follow the reasonable directions of the employees of Queensland Conference and Camping Centres (QCCC), UQ and/or their agents during the program. Any program participant who undertakes any walking, running, climbing, archery, swimming, canoeing or any similar such activity does so at their own risk, and by so doing absolves QCCC, UQ and their agents of all liability for any consequences of such activity. Notwithstanding, if any person participating in the program behaves in a manner, which, at the sole discretion of the Orientation Camp Manager, is considered to be a threat to the safety or well-being of any person connected with the program, then that person will desist from the subject behaviour immediately upon being requested to do so by the Orientation Camp Manager. Alcoholic beverages and drugs (unless prescribed) are strictly prohibited.

Any medical conditions must be reported to QCCC at least seven business days prior to arrival. It is the responsibility of each guest to bring any medication (including EpiPen) required to treat those medical conditions or allergies. While QCCC will use all reasonable endeavours to prevent or avoid circumstances which may trigger medical conditions including avoiding allergy causing foods, to the extent permitted by law, The Baptist Union of Queensland, trading as QCCC will not be liable for any loss, damage or compensation that may arise as a result of the participant suffering from any medical condition including liability for personal injuries or death.

* **Diet / Allergy Information**

The diets that QCCC are able to cater for are: Dairy Free, Lactose Free, Gluten Free, Seafood Free, Ovo-Lacto Vegetarian, Egg Free (Whole egg only) & Nut Free\*.

Should your diet/allergy exceed more than two of the above listed QCCC will not be able to cater for this and you will be required to provide all meals and snacks to be pre-cooked or prepared in advance, housed in sealed containers and stored appropriately. In the case of offsite programs, please discuss an action plan with our program staff.

QCCC Mapleton will not cater for any other dietary or allergy requirements that may apply.

\*Nut Allergy: QCCC Mapleton emphasises that while we are able to take every reasonable effort to avoid the use of nuts or peanut derivatives in prepared food, it is impossible to guarantee that guests will not come into contact with nuts, nut derivatives, or nut residue during their stay.

Sesame and Soy allergy: please be aware that we are not able to cater for a sesame or soy allergy.

The Owner/Operators, Managers and Staff of QCCC disclaim liability for any and all loss, damage, injury or illness, financial or otherwise, suffered by any person in the use of and hiring of the QCCC Mapleton Conference and Camping Centre and its facilities, and off-site activities and programs, except in the event that the loss or damage, illness or injury is caused by the

negligence of the Owner/Operator, Manager or staff of Queensland Conference and Camping Centres. Mattresses and other items contained in Cabins must NOT be removed.

* **Emergency Procedures**

Emergency procedure notices are posted throughout the centre and campers are required to make themselves familiar with the arrangements.

* **Fire Fighting Equipment**

Extinguishers and smoke detectors are vital and are located around the site. These should not be tampered with or removed.

* **Fires**

No fire or BBQ may be lit on the property without the consent of QCCC staff. Fire restriction notices and Total Fire Ban Days must be strictly observed.

* **Lighting**

Please ensure all lights are turned off when your rooms are not being used.

* **Property**

Damage and Loss-All breakage’s and losses to centre property or equipment are to be reported to the camp-site management. They will be invoiced to the group. QCCC takes no responsibility for the loss or damage to personal property. Guests are only permitted to access the buildings to which they have been allocated.

* **The Environment**

No guest is permitted to bring firearms, animals, or pets onto the property or to disturb the natural environment. Care and common-sense should be taken when approaching camp-site animals.

Garbage and recyclable material are to be placed in designated areas.

Campfires are not to be lit without expressed permission from camp management as fire bans may apply.

Guide dogs, where required by guests, will be allowed. Please advise QCCC Mapleton at our earliest opportunity if this applies.

* **Alcohol/Drug/Smoke free environment**

All buildings on the site are designated smoke free. No alcohol or non-prescribed drugs are to be brought on site.

* **Out of Bounds Area**

Workshops, Residences, Surrounding property, Specialised activity areas (unless in use by group with correct supervision and instruction) Electrical switchboard room/ chemical rooms, Storerooms, Pool

sheds and areas marked “Staff only” are “Out of Bounds" areas. Other areas, including work sites are “Out of Bounds” as directed by QCCC staff.

### **Student Details**

|  |  |
| --- | --- |
| **Student Name:** | Click or tap here to enter text. |
| **Preferred Name:** | Click or tap here to enter text. |
| **Student Gender:**(for accommodation purposes) | Click or tap here to enter text. |
| **Student Email Address:** | Click or tap here to enter text. |
| **Student Mobile Number:** | Click or tap here to enter text. |

### **Emergency Contact**

In the event of any emergency, or if the University is required to contact a parent/guardian for any reason, the best contact is -

|  |  |
| --- | --- |
| **Parent/Guardian Name:** | Click or tap here to enter text. |
| **Relationship to Student:** | Click or tap here to enter text. |
| **Contact Number:** | Click or tap to enter a date. |

### **Authorisation of Medical Treatment**

In any situation where the student needs to receive medical, dental or hospital treatment and I cannot be contacted on the numbers provided in the Emergency Contact section above, I as the parent/guardian authorise for the student to receive this treatment.

|  |  |
| --- | --- |
| **Parent/Guardian Name:** |  |
| **Contact Number:** |  |
| **Relationship to Student:** |  |

### **Medical Condition and Dietary Information**

To assist with assigning suitable accommodation, adequate access, and support during activities, and to ensure cater for all dietary needs, I advise the following.

|  |
| --- |
|[ ]  The student ***does not have*** a medical management plan, anaphylaxis medical management plan or risk minimisation plan with respect to your healthcare need, medical condition, or allergy. |
|[ ]  The student ***has*** a medical management plan, anaphylaxis medical management plan or risk minimisation plan with respect to your healthcare need, medical condition, or allergy.Details of this are below: |

|  |  |
| --- | --- |
|  **Medical Condition:** | Click or tap here to enter text. |
| **Diagnosed Disability:** | Click or tap here to enter text. |
| **Dietary Requirements** | Click or tap here to enter text. |

***If the student has a medical condition and/or is at risk for anaphylaxis, please provide an action plan.***

Will the student require medication to be administered or available other than for asthma or anaphylaxis (addressed above) while in the care of UQ?

|  |
| --- |
|[ ]  No |
| [ ]  | Yes | Details: Click or tap here to enter text. |
|  | [ ]  | A Medical Management Plan is attached |

***Please attach your medical management plan.***

### **Immunisation: COVID-19 vaccination**

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|[ ]  I confirm that I have received two doses of the COVID-19 vaccine and a COVID-19 Vaccination Certificate can be presented if requested. |
|[ ]  I confirm that I have received an authorised exemption letter from the Australian Government Department of Health which can be presented if requested. |

### **Participant Declaration**

**I, the undersigned, accept the conditions of participation in the Advanced Humanities First Year Orientation Camp.**

I confirm if I experience cold or flu-like symptoms I will not attend camp if I have:

* Have an elevated temperature;
* In the 14 days prior to camp, have been in contact with someone that is confirmed to have COVID- 19;
* In the 14 days prior to camp, have returned from overseas or an Interstate Hotspot.
* Have been contacted as part of Queensland Health Contact Tracing efforts in the previous 48 hours prior to camp and not been tested for Covid.
* Awaiting the result of a Covid Test.

I give consent for my name to be given to the businesses visited during this activity in compliance with the Queensland Chief Health Officer's **Restrictions on Businesses, Activities and Undertakings Direction (No. 4) (or its successor).**

I understand temperatures may be monitored throughout the camp program by touch less

thermometers.

I understand if the camp participant experiences cold or flu-like symptoms or an elevated temperature on camp, or are contacted as part of Queensland Health Contact Tracing arrangements, they will be moved to a quarantine area and arrangements made for them to safely return home or to appropriate medical facilities.

|  |  |
| --- | --- |
| **Student Name:** | Click or tap here to enter text. |
| **Student Signature:** |  |
| **Witness Signature:** |  |
| **Date** | Click or tap here to enter text. |
| **If the prospective program participant has not yet reached the age of eighteen (18) years, a parent or legal guardian must also sign the acceptance of program conditions.** |
| **Parent/Guardian Name:** | Click or tap here to enter text. |
| **Relationship to Student:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. |
| **Signature:** |  |