



RSIC2026 - Permissions, Indemnities & Waivers - Students

The Round Square International Conference | Sydney, Australia | 28 September – 3 October 2026

This form is to be completed by the parent or legal guardian of any student attending the RSIC 2026 in Sydney, Australia, together with the student. Please complete all sections. If more space is required, attach additional pages. **Waivers and Permissions must be signed by Parent/ Guardian.**

Section 1 - RSIC 2026 General Student Permissions and Indemnities

Please complete the permissions and indemnity form below in full and sign at the end of the document:

I _____ (Parent/ Guardian's full name)

being the parent legal guardian of

_____ (Child's full name)

hereby

1. acknowledge the risk involved for my child in attending this event and hereby release Barker College, Round Square, and any individual involved in the hosting of the event from any and all liability resulting in any injury and/or loss of life and/or loss of possessions and/or any and all damages arising from any cause whatsoever in connection with any aspect of the conference, including, without limiting the general foregoing, travel to/from the conference venues, **provided however that this waiver and release shall not apply in the case of negligence or wilful misconduct on the part of anyone involved in hosting the conference.**
2. acknowledge that, whilst reasonable care is taken for each delegate's safety, health and general welfare, there is an inherent risk involved in overseas travel, and in participating in the sort of activities that will be an integral part of the conference experience. I understand that these will be minimized by staff training, and briefings, and by application of the Host Schools' Health and Safety Policies, Risk Assessments and Incident Management plans, and those of the Venues, and Australian safety regulations applied in all the activities. However, I understand that residual risks of personal accident will inevitably remain.
3. confirm that I am aware that my child will be involved in adventurous activities such as outdoor walks, hiking, team building activities and bus and train transfers. I am aware that these activities have danger of personal injury or even death and accept these risks on behalf of my child.

Signature of Parent/ Guardian: _____

Date: _____





Section 2 - RSIC 2026 Transport Permissions and Indemnities

Please complete the Transport Permissions form below to cover all ground transport in Sydney Australia arranged by the Host Schools, including transportation by bus, coach, Host family vehicle and train within Sydney, between Sydney International Airport, Barker College, hotels and activities, from arrival on 28th September to departure on 3rd October 2026.

I _____ (Parent/ Guardian's full name)

being the parent legal guardian of

_____ (Child's full name)

hereby agree to my child being transported in Sydney, from airport arrivals pick-up and drop-off at Sydney International Airport, bus and coach transfers between the airport, Barker College, hotels and train travel for activities from 28th September to 3rd October 2026.

I understand that if my child's school has made alternative arrangements for travel and/ or for trips and tours either before the conference or after the conference, or additional travel arrangements during the conference, in these instances the Host School will not be arranging transport, but this will be the responsibility of my child's school.

I understand, and my signature below confirms my understanding, that my child may be transported several ways (please tick all three of them to acknowledge and give consent):

- **AIRPORT TRANSFERS** - Buses, coaches, and minibuses operated by a third-party provider contracted by Barker College

- **ACTIVITIES** - Buses, coaches and train operated by a third-party provider throughout the week for all visits, activities and excursions to venues and sites during all planned Conference activities.

- **HOMESTAY** - Host family vehicle for transport between home and Barker College and other destinations where necessary.

Signature of Parent/ Guardian: _____

Date: _____





Section 3 - RSIC2026 Media Permissions and Release

Please complete the media permissions and release form below in full and sign at the end of the document. Section A must be completed by the student delegate who will be attending the Round Square International Conference 2026, and section B by that student’s parent or guardian.

Please note that this form is only applicable to official photography organised by the Host School and by Round Square, and does not cover delegates and their friends taking photos of themselves, or delegates’ schools taking photographs. This is not something over which we have control.

To be completed by the Student Delegate

I consent to being photographed and/or filmed and/or recorded (audio) during Round Square International Conference 2026 and I understand that these images and recordings may be used by Barker College and by Round Square for publicity, including, but not limited to, social media, website, printed marketing material and in the media. I agree to photographs and film and audio recordings of me at the event, being used in this way.

YES NO

If you answered “no” above, please tick here to confirm that you understand that it is your responsibility to remove yourself from situations in which photographs or film is being taken, and make it known that you do not wish to be photographed. This will include all official conference photographs, the official conference video, and any filming for social media or other media.

Signature of Student Delegate: _____ Date: _____

To be completed by Parent /Guardian

I consent to my child being photographed and/or filmed and/or recorded (audio) during the Round Square International Conference 2026. I understand that these images may be used by Barker College and by Round Square, for publicity, including, but not limited to, social media, website, printed marketing material and in the media. I agree to photographs and film and audio recordings of my child at the event being used in this way.

YES NO

Signature of Parent/ Guardian: _____

Date: _____



Section 4 - RSIC2026 Participants' Code of Conduct.

Whilst attending the RSIC2026, you will be acting as an ambassador for Round Square, and, more specifically, for your school and country. It is important that you are, at all times, respectful of the peoples, cultures and traditions of the country you are visiting. These may be very different from your own, and we ask that you meet a new cultural experience with an open mind and a readiness to participate fully. To help with this it is important that you are aware of the code of conduct below. We also ask that you remember that it is likely there will be some differences in the laws and customs of the host country, compared to expectations in your home country.

For the Round Square International Conference 2026, we ask that our Delegates ensure they:

- are aware, and respectful, of the customs, regulations and applicable Australian Laws at all times during the Conference, in particular within the host family home where you are a visitor, and be sensitive to Australian cultural expectations and norms;
- are ready to follow conference rules, household expectations, safety directions, and agreed supervision arrangements, and fulfil requests and follow instructions from your Baraza Leaders, student and teacher hosts;
- meet their responsibilities as a delegate, in particular by joining in, by being respectfully on time where required (host family homes, bus schedules, meal times, activities, Baraza groups, and keynote speakers), and by being where they are supposed to be, at all times;
- participate positively, and fully, in all group meetings and activities, with flexibility, patience and open-mindedness, in the face of new and challenging situations;
- actively listen, and show due respect to, keynote speakers and Baraza Leaders, and any adult leading an activity, including switching off mobile phones during keynote speeches;
- aim to work, and live, respectfully with others in their Baraza group, and any students with whom they share a room in the hotel, or join in an activity group throughout the Conference Programme;
- avoid public displays of affection, or romantic relationships, or becoming involved in any exclusive behaviour, including forming cliques, or isolating themselves from the group in any way;
- respect Round Square's ban on consumption of alcohol or smoking or vaping by student delegates, whether underage or not, and zero tolerance for consumption of recreational drugs by any delegate;
- use a common language (usually English) when groups of different nationalities are together;
- report any illness or any injury to the adult on duty at once, and/ or communicate promptly with the host family and conference staff if they feel unsafe, unwell, or distressed;
- respect the authority of the adults from their school delegation, those leading activities at the event, and those managing the venues and accommodation throughout the Conference.

We understand this Code of Conduct and have reviewed it together and checked that we understand it. We are both in agreement that I/my child will abide by it during the Round Square International Conference 2026. We understand that serious breaches of the Code of Conduct will likely result in a student being suspended from activities and/ or sent home early from the event.

Signature of Student Delegate: _____ Date: _____

Signature of Parent/ Guardian: _____ Date: _____





Section 5 - Student Medical Information & Wellbeing (1 of 5)

This form must be reviewed jointly by the student and their parent/guardian. All medical information, consent for treatment, and waiver sections are to be completed in full with the support of the parent/guardian. Signatures from both the student and parent/guardian are required at the end of the document.

This signed form will be uploaded to the RSIC2026's secure and confidential cloud, to be shared only with medical professionals and those adults closely responsible for the health and welfare of delegates during their time at the Conference. Please fill it in as fully as possible.

We recommend that delegates visit a travel medicine/ vaccine specialist or doctor familiar with travel medicine at least 4-6 weeks before they travel. Your doctor will be able to provide information, answer any questions, and make specific recommendations about staying well during your trip, and any precautions to take.

Student Name: _____ Date of Birth: _____

Student School: _____ Nationality: _____

Emergency Contacts

Please provide at least two emergency contacts, at least one of whom must be a Parent/ Guardian.

Emergency Contact 1

Name	
Relationship to student	
Phone (including international dial code)	
Email:	
Residential Address:	

Emergency Contact 2

Name	
Relationship to student	
Phone (including international dial code)	
Email:	
Residential Address:	





Continued - Section 5 - Student Medical Information & Wellbeing 2 of 5

Does the Student have any diagnosed medical conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If Yes, provide brief details, and explain more in the relevant section below:</i>		

Does the Student have asthma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the Student have anaphylaxis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the Student have diabetes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the Student have epilepsy or seizures?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the Student suffer from Hay fever?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the student have any other allergies e.g. to medication, dogs, cats, pollen, dust, insects, latex, or other?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you ticked YES to Asthma, Epilepsy, Diabetes, Migraines, Hay fever or Allergies, OR you have a similarly categorised condition (i.e. one that is recurring and/ or managed by medication) please provide more information here (including allergen/ reaction if they come into contact with their allergen/ any medication or remedies that are taken or used in the event of a reaction/ flare-up/ episode):

Does the Student have severe migraines, fainting episodes, or other conditions that may require urgent support?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If Yes, please provide details including remedies taken or used during a flare-up/episode:</i>		





Continued - Section 5 - Student Medical Information & Wellbeing 3 of 5

Does the Student have any physical disability, mobility limitation, injury, or medical condition affecting stairs, walking, or bathroom access?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If Yes, please provide details:</i>		

Does the Student have any vision or hearing challenges/ concerns?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If Yes, please provide details:</i>		

IMMUNISATIONS/ VACCINATIONS

Is the Student fully vaccinated for Pertussis	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the Student fully vaccinated for Hepatitis A	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the Student fully vaccinated for Hepatitis B	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the Student fully vaccinated for Typhoid	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the Student fully vaccinated for Tetanus	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the Student fully vaccinated for Meningitis	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the Student fully vaccinated for Measles	YES <input type="checkbox"/>	NO <input type="checkbox"/>

MEDICAL INSURANCE

Medical health insurance provider	
Insurance policy number	
Insurance provider's contact phone number (incl. country code)	
Insurance provider's contact email address	





Continued - Section 5 - Student Medical Information & Wellbeing 4 of 5

Is the Student currently undergoing any active medical treatment? **YES** **NO**

If Yes, please explain the treatment or any related medical issue of which the conference organisers should be aware:

Does the Student carry Insulin? **YES** **NO**

Does the Student carry an EpiPen? **YES** **NO**

Does the Student carry an Inhaler? **YES** **NO**

Does the Student carry any form of Emergency Medication/ Device? **YES** **NO**

Is the Student currently taking any other regular medication they will bring to the conference? **YES** **NO**

If Yes, indicate the medication, dosage, and frequency:

Will the student carry their medication with them? **YES** **NO**

If NO, provide the name of the teacher/ accompanying adult responsible for maintaining the medication:

Does the medication require refrigeration or secure storage? **YES** **NO**

If YES, please provide details

Is the Student able to self-medicate, and is consent from a parent/ guardian given to do so? (confirmed by signature below) **YES** **NO**

If YES please tell us which medicine(s) the student will be self-medicating and how/ what form it takes (e.g. liquid, tablets, sprays, injections etc.)?

Consent for self-medication confirmed by
Signature of Parent/ Guardian: _____

Date: _____





Continued - Section 5 - Student Medical Information & Wellbeing 5 of 5

Has a medical action plan been provided to the student's school and/ or to the Conference host school?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please tell us who has it:

Are there any signs that indicate the student is becoming unwell and needs help?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please detail them here

Has the student recently undergone any operations/ is the student recovering from significant injuries (e.g. broken bones)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES please provide details:

Does the student have any other long or short-term physical impediments or needs requiring particular support?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES please provide details:

Are there any restrictions on physical activity, sport, or recreation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES please provide details:

Is the student currently under the care of a therapist, counsellor, or psychiatrist?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If Yes, please share any relevant psychological information (in confidence) to assist in supporting their mental health and welfare during the conference:





Section 6. RSIC2026 – Student Food Allergies / Dietary Requirements

Does the Student have any food ALLERGIES? YES NO

If Yes, please tick any/ all that apply and provide additional information/ treatment provided in the next column, If the allergy is not listed please tick "other" and provide details at the end

- Allergic to Dairy _____
- Allergic to Nuts _____
- Allergic to Eggs _____
- Allergic to Fish _____
- Allergic to Gluten _____
- Student is Celiac _____
- Other _____

Please provide further details, or explain "other" as needed (detail the allergen, reaction, and any medication taken):

Is cross-contamination a serious concern for any food ALLERGIES? YES NO

Please provide further details:

Does the Student have any dietary REQUIREMENTS (including religious) YES NO

If Yes, please tick any/ all that apply and/ or add other requirements not listed in the box below,

- Vegetarian
 - Vegan
 - Dairy Free
 - Gluten Free
 - Celiac
 - Halal
- Please add any further details and/ or detail any other information you think the organisers should know relating to food :*





Section 7 - RSIC2026 – Medical Consents and Permissions

It may be necessary to provide treatment for illness or ailments during the event. Please tick the YES or NO box to agree to, or refuse, each of the following and sign at the end. You must answer YES or NO to every question. Incomplete forms cannot be accepted and will be returned.

Name of Student Delegate:	
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Name of Parent/ Guardian:	
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	YES	NO
We both give permission for this student to be administered Paracetamol / Tylenol (or equivalent) by school medical staff whilst attending the conference	<input type="checkbox"/>	<input type="checkbox"/>
We both give permission for the student named above to be administered Ibuprofen by school medical staff whilst attending the conference	<input type="checkbox"/>	<input type="checkbox"/>
We both give permission for the student named above to be administered Antihistamines by school medical staff whilst attending the conference	<input type="checkbox"/>	<input type="checkbox"/>
We both give consent this student to receive medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic.	<input type="checkbox"/>	<input type="checkbox"/>
In an emergency we both give consent for this student to receive a blood transfusion, if considered necessary by the medical authorities present.	<input type="checkbox"/>	<input type="checkbox"/>
We both give consent for this student to be resuscitated if required.	<input type="checkbox"/>	<input type="checkbox"/>
We confirm that we have provided all important medical information and important information to support this student’s wellbeing to the best of my ability above.	<input type="checkbox"/>	<input type="checkbox"/>
As the parent/ guardian signing below I agree to pay all medical and dental expenses incurred on behalf of the student named above.	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Student Delegate: _____

Date: _____

Signature of Parent/ Guardian: _____

Date: _____





Section 8 - RSIC2026 – Consent for Sharing Personal Data

Name of Student Delegate:	
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Name of Parent/ Guardian:	
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The personal and sensitive data provided within the RSIC2026 Medical Information, Permissions, Indemnities and Waivers forms will only be used for the purpose of keeping you/ your child safe during the Round Square International Conference Sydney Australia from 28th September to 3rd October 2026.

Data collected from you that specifically relates to you/ your child’s participation in this event may be shared, on a need-to-know basis, with Barker College staff, Round Square Staff, the lead adult of your allocated Homestay Family, and/or with trained medical professionals, and/or with your child’s own school.

In the case of food allergies and dietary requirements, this data will be isolated from the other data provided in this form, so that only the dietary information in section 6 is shared with third party providers.

Other than for these purposes, this data will not be provided to any company or organisation, and nor will any information collected from conference delegates that personally identifies them, unless this is required by law.

Please sign below to confirm that you understand, and consent to, your/ your child’s/ ward’s data being used in this way:

Signature of Student Delegate: _____ Date: _____

Signature of Parent/ Guardian: _____ Date: _____





Section 9 - RSIC2026 – Student Homestay - CONSENT

Name of Student Delegate:	
Their School:	
Name of Parent/ Guardian:	

During The Round Square International Conference 2026, each Student Delegate will be accommodated with a host family for up to two nights as arranged by Barker College.

Host families have been screened and approved by Barker College in accordance with the School’s Child Safe Organisation Policy and homestay procedures, including the obtaining of NSW Police Checks and Working with Children check for residents aged 18 years and over residing in host family homes.

The documentation relating to these checks is held in strictest confidence by Barker College and cannot be shared with Student Delegates or their families.

Please tick one of the boxes below to indicate your agreement (or otherwise) to Homestay as outlined above:

As the student named above and their parent/ legal guardian we confirm that :

we understand and accept the homestay component of the programme, and consent to the student staying overnight in a host family home for this period and we understand that screening or clearance documentation relating to host families will not be provided to parents or guardians of student delegates.

YES **NO**

If we have ticked “NO” above we acknowledge that our own school will be fully responsible for arranging the student’s accommodation, transport, and meals during the homestay component of the conference (Monday and Tuesday evenings, plus the following mornings). We understand that this will include securing suitable accommodation, organising transport between that accommodation and Barker College at the required times, and ensuring that evening meals and breakfast for the student are provided on those days, noting that all other meals will be provided as per the conference programme. We acknowledge, and take responsibility for, all additional associated costs incurred by our school in making these arrangements.

Signature of Student Delegate: _____

Date: _____

Signature of Parent/ Guardian: _____

Date: _____





Section 10 - RSIC2026 – Student Homestay - INFORMATION

Name of Student Delegate:	
Their School:	
Main language(s) spoken at home:	

When placing the student with a host family, are there any mental health, emotional wellbeing, or behavioural support needs that should be considered?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If YES, provide details to help keep the student to feel safe and supported:

Has the student previously experienced homesickness, anxiety, panic attacks, sleep difficulties, or distress while away from home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If YES, what support is usually helpful?

Are there known triggers, fears, phobias, or situations that may cause distress?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If YES please provide details:

Are there sensory sensitivities relating to food, noise, light, touch, smell, or routine?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If YES please provide details:

Is there anything the host family should avoid saying, doing, or assuming to support the student's wellbeing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If YES please provide details:

Does the student have any sleep-related issues (sleepwalking, night terrors, bedwetting, difficulty sleeping in unfamiliar environments)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If YES please provide details:





Does the student practise a religion or faith that should be considered in homestay placement?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES please provide details:

Are there household activities or celebrations the student should not participate in for religious or cultural reasons?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES please provide details:

Is the student uncomfortable staying in a home with domestic pets and/ or do they have pet allergies or fears?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES please provide details:

Does the student have any accessibility needs relating to stairs, bathrooms, or room location?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES please provide details:

Is there any host family environment that would not be suitable for the student or any non-negotiables that should be considered in matching the student to a homestay family?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES please provide details:

How confident is the student in communicating in English?	LOW	<input type="checkbox"/>	MODERATE	<input type="checkbox"/>	HIGH	<input type="checkbox"/>
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Would translation support most likely be needed in an emergency?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES please specify language required for translation from English.:

