



# RSIC2026 - Permissions, Indemnities & Waivers - Adults

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

This form is to be completed by each adult delegate attending the RSIC 2026 in Sydney, Australia. Please complete all sections. If more space is required, attach additional pages. **All Waivers must be signed.**

## Section 1 - RSIC 2026 General Adult Permissions and Indemnities

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

I \_\_\_\_\_ (Adult Delegate's full name)

hereby

1. acknowledge the risk involved 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 I 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 I accept these risks.

Signature: \_\_\_\_\_

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





## Section 2 - RSIC 2026 Transport Permissions and Indemnities

I \_\_\_\_\_ (Adult Delegate’s full name)

hereby agree to being transported in Sydney, as arranged by Barker College, from airport arrivals pick-up at, to airport departures drop-off from, Sydney International Airport. This includes all ground transport in Sydney Australia including by bus, coach, 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 understand that if my 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 school.

I understand, and my signature below confirms my understanding, that I may be transported in several different 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** - Bus, coach and/or train operated by a third-party provider for all visits, activities and excursions to venues and sites during Conference activities.
- **CARS/ TAXIS** – It may be necessary to supplement coach transfers with Car or Taxi transport between the hotel and Barker College and other destinations where necessary.

Signature of Adult Delegate: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 3 - RSIC2026 Media Permissions and Release

I consent to being photographed and/or filmed and/or recorded (audio) during the RSIC2026 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

*NB: This release form is for 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.*

If you answered “no” above, in signing below you 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 : \_\_\_\_\_ Date: \_\_\_\_\_



## Section 4 - RSIC2026 Adult Delegates' 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 Adult Delegates adhere to the same guidelines as their students in:

- being aware, and respectful, of the customs, regulations and applicable Australian Laws at all times during the Conference, and being sensitive to Australian cultural expectations and norms;
- being ready to follow conference rules, safety directions, and fulfil requests and follow instructions from your Baraza Leaders, student and teacher hosts;
- joining in and being actively involved alongside students on each conference day, including participation in scheduled sessions and activities as appropriate ensuring that your delegation are upholding the student code of conduct.
- being on time (bus schedules, meal times, activities, Baraza groups, and keynote speakers), and being where you are supposed to be, on the Conference Programme, at all times;
- participating positively, and fully, in all group meetings and activities, with flexibility, patience and open-mindedness, in the face of new and challenging situations and encouraging all students to do the same;
- using a common language (usually English) when groups of different nationalities are together;

### In addition, we ask the following specifically of Adult Delegates – that you:

- maintain overall duty of care for your delegation at all times, ensuring that students clearly understand the rules, making regular checks on their health and wellbeing, knowing their whereabouts, and confirming that they are in their assigned hotel rooms when required and by the 10pm curfew;
- promptly report any serious issues, illnesses, or injuries within your delegation to the Barker College conference organising staff so that appropriate care and support can be arranged;
- ensure that at least one adult from your delegation is actively on duty at all times. This includes being present and available in the same location or on the same activity as the students, except during the Homestay evenings. It also includes abstaining from alcohol, and not being on-duty whilst otherwise incapacitated (for example, due to illness). If one adult is unable to fulfil this responsibility, the other adult must assume full responsibility for the delegation;
- Ensure that your students are punctual for all conference commitments, including activities, Baraza groups, keynote sessions, meals and transport. If any member of your delegation is late and misses a scheduled bus transfer, it will be your responsibility to arrange alternative transport to the required venue at the cost of your school. Barker College will not arrange transport outside scheduled transfer times.

Signature of Adult Delegate: \_\_\_\_\_ Date: \_\_\_\_\_





## Section 5 - Adult Medical Information & Wellbeing

Please read through this form, and complete the medical information, permission for treatment and waivers in full and sign at the end of the document.

This signed form will be uploaded to the Conference'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.

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Nationality: \_\_\_\_\_

## Emergency Contacts

Please provide two emergency contacts below

### Emergency Contact 1

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

### Emergency Contact 2

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





**Continued - Section 5 - Adult Medical Information & Wellbeing (2 of 4)**

Are you currently undergoing any type of medical treatment and/ or do you have a medical condition that the Conference Hosts need to be aware of? **YES**  **NO**

*If Yes, please provided details/ explain what the condition or treatment is and/ or tell us about any other relevant medical issues:*

Are you currently taking any regular medication that you will/ may still be taking at the time of the Conference? **YES**  **NO**

*If Yes, please tell us what you are taking and in what dosage/ frequency:*

Do you have asthma? **YES**  **NO**

Do you have anaphylaxis? **YES**  **NO**

Do you have diabetes? **YES**  **NO**

Do you have epilepsy or seizures? **YES**  **NO**

Do you have severe headaches, migraines or fainting episodes? **YES**  **NO**

Do you suffer from Hay Fever? **YES**  **NO**

Do you have any other allergies e.g. to medication, dogs, cats, dust, insects, latex, or other? **YES**  **NO**

If you ticked YES to any of the above 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):



## Continued - Section 5 - Adult Medical Information & Wellbeing (3 of 4)

### IMMUNISATIONS/ VACCINATIONS

Are you fully vaccinated for Pertussis ?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Are you fully vaccinated for Hepatitis A ?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Are you fully vaccinated for Hepatitis B ?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Are you fully vaccinated for Typhoid ?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Are you fully vaccinated for Tetanus ?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Are you fully vaccinated for Meningitis ?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Are you fully vaccinated for Measles ?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

### MEDICATIONS

Do you carry Insulin (for yourself, not a student)?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Do you carry an EpiPen (for yourself, not a student)?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Do you carry an Inhaler (for yourself, not a student)?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Do you carry any form of personal Emergency Medication/ Device?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Will you be carrying medication (for you) that needs refrigeration?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Will you be carrying medication (for you) that needs secure storage?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <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 - Adult Medical Information & Wellbeing (4 of 4)**

Is there anything else you want to tell us about your health, wellness and wellbeing that will assist us in looking after you during your stay with us in Sydney?

**Section 6 - 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.

Your Name:

	YES	NO
I agree to be administered Paracetamol / Tylenol (or equivalent) by school medical staff whilst attending the conference		
I agree to be administered Ibuprofen by school medical staff during the conference		
I agree to be administered Antihistamines by school medical staff whilst attending the conference		
I agree to receive medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic.		
In an emergency I give my consent to receive a blood transfusion, if considered necessary by the medical authorities present.		
I give my consent to be resuscitated if required.		
I confirm that I have provided all important medical information and important information to support my wellbeing to the best of my ability above.		
I agree to pay all medical and dental expenses incurred in the course of any treatment I receive during the RSIC2026		

Signature: \_\_\_\_\_

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





## Section 7 - RSIC2026 – Consent for Sharing Personal Data

Your Name:	
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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 safe during the Round Square International Conference Sydney Australia from 28th September to 3rd October 2026.

Data collected from you that specifically relates to your participation in this event may be shared, on a need-to-know basis, with Barker College staff, Round Square Staff, and/or with trained medical professionals.

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 data being used in this way:

Signature: \_\_\_\_\_

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

