



**TO: GEORGE TOWN COUNCIL/FUTURE IMPACT GROUP**

I understand and agree that I participate in this initiative entirely at my own risk. I am aware of the risks involved in participating,- and I voluntarily assume all risks associated with my participation. I accept that the George Town Council, its employees, agents and partner organisations exclude all liability whatsoever for any death, personal injury or damage to property that I suffer as a result of participating whatever the cause. I forever fully release George Town Council, its employees, agents and partner organisations from any such liability and I waive any present or future rights that I may have against them in relation to any such death, personal injury or damage to property. I understand that to “participate” means my participation in the Future Impact Group program.

**Consent relating to collection of personal and health information**

The personal and health information on this form is being collected by the George Town Council. Your information will be used by George Town Council, and other partners for the following purposes; dietary considerations, risk mitigation, assisting you in the event you require medical attention during participation. Your information will be disclosed to program facilitators only to make them aware of any medical requirements or conditions which may assist them in conducting the activity. By registering, you consent to the use and disclosure of your personal and health information for the identified purpose for which it is collected. Your information may be disclosed to third parties without your consent where it is reasonably necessary to lessen or prevent a serious threat to your life, health, safety or welfare or where disclosure is required by law.

**Photographs and Images**

Photographs and other recorded images of you participating in this activity may be used by George Town Council and/or Future Impact Group for activities associated with or incidental to this initiative including promotion. By registering you consent to the use and disclosure of those images, including any disclosure outside Tasmania and without any form of payment to you.

# NEW PARTICIPANT CONSENT FORM

PARTICIPATION SECTION			
NAME			
GENDER			
POSTAL ADDRESS			
SUBURB		POSTCODE	
EMAIL			
PHONE		DATE OF BIRTH	

PARENT/GUARDIAN SECTION		<i>I hereby agree and consent to the aforementioned child (under 18) participating with the Future Impact Group.</i>	
NAME			
RELATIONSHIP TO PARTICIPANT			
EMAIL			
PHONE			
SIGNATURE		DATE	

PHOTOGRAPH AND IMAGE CONSENT			
PHOTO CONSENT	I give my permission to have my photo taken whilst participating in Future Impact Group activities for the purpose of being used for promotions, media, and FIG/Council publications.		
SIGNATURE		DATE	

PARTICIPANT BACKGROUND HEALTH INFORMATION		
ANY MEDICAL CONDITIONS/MEDICATIONS THAT THE PROGRAM FACILITATOR SHOULD BE MADE AWARE OF?	PLEASE TICK Yes <input type="checkbox"/> No <input type="checkbox"/>	PLEASE DESCRIBE
ANY ALLERGIES OR FOOD REQUIREMENTS THAT THE PROGRAM FACILITATOR SHOULD BE MADE AWARE OF?	PLEASE TICK Yes <input type="checkbox"/> No <input type="checkbox"/>	PLEASE LIST

ANY OTHER INFORMATION YOU FEEL MAY BE RELEVANT