IGNITE YOUTH

IGNITE CONFERENCE 2017

21 - 24 September 2017 at Mueller Performing Arts Centre, Rothwell

Ignite Youth and Ignite Conference are initiatives of Emmanuel Community.

Please use a new form for each person

PARENTAL CONSENT & INDEMNITY FORM

FOR PARTICIPANTS UNDER THE AGE OF 18

- *A Parental Consent form is required to be completed for any participants who will be under the age of 18 at 21 September 2017.*
- *Participants registered as part of a group should contact their Group Leader regarding their applicable Parental Consent Form, which may be different to this form.*
- *Registration is not complete until a Parental Consent form has been returned.*

PARTICIPANT DETAILS:

First Name: _____ Surname: _____

Email: _____ Mobile: _____

Medicare Number: _____

Please note, any medical conditions and dietary requirements should have been submitted during the conference registration. If you need to add additional information, you may do so below or on a separate page if required:

_____

_____

PARENT / GUARDIAN DETAILS:

Full Name: _____ Relationship to Child: _____

Email: _____

Home Phone: _____ Mobile: _____

Address: _____ State: _____ P/code: _____

PARENTAL CONSENT & INDEMNITY

Parental Consent: I give permission for my child to attend Ignite Conference from 21-24 September 2017, and to participate in activities he/she may choose while attending the event.

Indemnity: I understand that while every reasonable precaution will be undertaken to ensure the protection of me/my child, I hereby release Emmanuel Community, authorised Staff and Volunteers ("Emmanuel Community") from any and all liability in the event of any injury, accident, misfortune, damage or loss that may occur to me/my child and/or their property while present at the Ignite Conference. Further, I indemnify Emmanuel Community from and against all loss, including legal expenses, connected with or arising from any claims or demands in relation to my/my child's attendance at Ignite Conference, including leaving the conference venue without permission. I agree and understand that Emmanuel Community reserves the right to exercise discretion to refuse to register any delegate upon medical and/or other grounds without providing a detailed reason for doing so.

Medical Treatment Consent: I give permission for Emmanuel Community to obtain emergency medical, hospital or ambulance assistance and/or treatment for me/my child at any time they consider necessary. I understand that every effort will be made for myself to be notified before instituting such procedures. I acknowledge that I will be liable for any medical, hospital or ambulance expense incurred in my/my child's treatment and I agree to pay those expenses.

Privacy Declaration: I understand that Emmanuel Community may collect information about me/my child in accordance with their Privacy Policy, and that this information may be disclosed to certain parties it engages to organise the event. I consent to these details being used by Emmanuel Community for the promotion of future events and resources via post, phone, email and sms. I can elect to have my details removed from their database at any time. I understand that Ignite Conference will be captured in photographs, video and audio, and that Emmanuel Community reserves the right to use this material for promotional purposes or other resources. [Emmanuel Community's Privacy Policy is available at www.emmanuelcommunity.com.au/privacy]

☐ I give permission for Paracetamol to be administered my child, at the discretion of the Ignite Conference First Aid officers

Full Name: _____ **Signature:** _____ **Date:** _____

Please return this form to the Ignite Conference office:

post: PO Box 126, Paddington QLD 4064 *fax:* (07) 3217 5288 *email:* rego@igniteconference.com.au

www.igniteconference.com.au