City of Westminster

EDUTAIN + CONSENT FORM

Edutain+ Summer Programme 2019 *(form for previously registered participants only)*

Please Circle or Highlight which dates you would like to attend below:

Week 1 – 30th July, 31st, July, 1st August
Week 2 – 6th, 7th, 8th August
Week 3 – 13th, 14th, 15th, August
Week 4 – 20th, 21st, 22nd August

Transport is limited and only provided for participants who have no other means of transport. Please indicate whether the participant meets this criterion and requires transport: **Yes** **No**

Please give details of any new information e.g. medication, behaviour changes, special consideration, dietary needs.

PARENT / GUARDIAN CONSENT & DECLARATION

I consent to the person named above participating in Westminster Sports Unit (WSU) activities, as described above. I also consent to the person named above being escorted by WSU to and from activities on the programme, by vehicle both public & private and as a pedestrian. I recognise that the accompanying staff will be responsible for their supervision and care as far as can be reasonably expected. I understand that they will not be constantly supervised. I acknowledge the need for mature and responsible behaviour of the person named above and I believe that this can be expected of them.

I agree to inform WSU in writing, as soon as possible of any changes to medical circumstances of the person named above either prior to or during the programme. I agree that in an emergency the WSU or its representatives may authorise medical treatment for the person named above including anaesthetic, if it is not practicable to consult me first. I will indemnify the City of Westminster and its representatives, agents & employees in relation to acting in ''loco-parentis'' in the case of medical emergencies only.

I agree to indemnify the City of Westminster, its representatives, agents & employees, from all liabilities in relation to loss or damage suffered or caused by the person named above or which result from the person named above failing to follow any reasonable instructions given to them other than loss or damage resulting from the negligence of WSU or their representatives.

I understand that photographs, audio and visual recordings of the participant engaged in Westminster Sports Unit activities may be used for promotional or other materials, such as websites, local and national media I hereby give irrevocable permission for this. I agree that I and the participant shall have no right to the recordings and all recordings belong to the City of Westminster.

I understand that the information given may be kept on a computer database, which will only be accessed by the City of Westminster. I confirm that I agree with the above declaration and the information on this form is complete and accurate to the best of my knowledge.

I Understand that the City of Westminster, its agents, employees and representatives cannot be held responsible for the loss or damage to participant's property and the WSU reserves the right to refuse participation of any person if there are concerns raised by the response on this form, especially if it's due to misbehaviour of the young person

Full name of participants _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Parent/Guardian contact information Tel 1: _____ Tel 2: _____

Email: _____

Date _____/_____/_____