

Active & Healthy Family Registration Form

ACTIVITY DETAILS

Activity name: _____

Location of activity: _____ Date: _____ Time: _____

Is this your first time attending this particular activity? Yes No
 Friend or family member

PARTICIPANT BOOKING INFORMATION

1. Full Name: _____ Age: _____

Gender: Male Female Non-binary Prefer not to say

Are you Aboriginal or Torres Strait Islander Origin? Yes No

Country of Birth: _____

2. Full Name: _____ Age: _____

Gender: Male Female Non-binary Prefer not to say

Are you Aboriginal or Torres Strait Islander Origin? Yes No

Country of Birth: _____

3. Full Name: _____ Age: _____

Gender: Male Female Non-binary Prefer not to say

Are you Aboriginal or Torres Strait Islander Origin? Yes No

Country of Birth: _____

4. Full Name: _____ Age: _____

Gender: Male Female Non-binary Prefer not to say

Are you Aboriginal or Torres Strait Islander Origin? Yes No

Country of Birth: _____

Phone: _____ Email: _____

Suburb: _____ Post Code: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship: _____

Email: _____ Phone: _____

Please tick if you would like to be added to a mailing list to receive information on the upcoming Active & Healthy program

logan.qld.gov.au



HOW DID YOU HEAR ABOUT ACTIVE & HEALTHY?

- Printed Active & Healthy booklet Online Active & Healthy activity listings
 Logan Hospital OurLogan Magazine Family/Friends
 Council's website Other _____

By signing this document I:

- understand that I/my child/children participates in the Active & Healthy program at my/their own risk and acknowledge and accept the level of risk consequent with the activity and in accordance with the rules specified by the Active & Healthy service provider.
- hereby agree to indemnify and keep indemnified and hold harmless Logan City Council ("LCC"), its employees and servants, the promoter, partners, managers, officers, agents, contractors, any club, organisation and volunteers including medical and paramedical personnel appointed for the activities, the owners' licensees and occupiers of land in which the activities or any part of it are conducted, sponsors and activities organisers ("the parties"), from and against all liability for any damage, loss, costs, expense, liability, claims, demands, actions, proceedings, injury (including death) or dispute including any negligence by the parties arising out of, directly or indirectly, the actions or omissions (whether wilful, negligent or otherwise) by the parties which may be brought by or on behalf of the above named child, however arising out of or in relation to participation in the Active & Healthy program. To be clear, this waiver includes but is not limited to liability for any negligent or tortuous act or omission, breach of duty, breach of contract or breach of statutory duty on the part of the parties.
- acknowledge that I/my child/children has voluntarily chosen to participate in the Active & Healthy program.
- acknowledge I/my child/children is fit, healthy, not suffering from any injuries and if appropriate, have a clearance from my doctor/my child's/children's doctor to participate in the Active & Healthy program or if I/my child/children has an injury I have advised the provider of my/my child's injuries and I/my child has been cleared to participate.
- give full consent for LCC to use my/my child's/children's images and/or personal information in any or all promotional and marketing campaigns, e.g. television and cinema advertising, promotional DVDs, and any other printed and or audio-visual or website material relating to LCC and the Active & Healthy program or other government agencies at the discretion of LCC.

I acknowledge that:

- I am the legal guardian of the child/children who is named on this form. I hereby covenant and warrant this information true and correct and hereby agree that we shall all be bound by this document.
- that my signature to this document constitutes a complete and unconditional release of all liability of LCC to the extent permitted by law in the event of me and/or the children under my care suffering injury, death or permanent disability.

I HAVE READ, UNDERSTOOD AND PROVIDE THE ABOVE RELEASE, WAIVER AND CONSENT

Full Name:.....

Signature:..... Date:.....

Parent/Guardian

If the person providing the Release, Waiver and Consent is a child (under 18 years of age), the following section must be completed: I am a parent, grandparent, or other legal guardian of the child who is named above. I hereby covenant and warrant this information true and correct and hereby agree that we shall both be bound by this document.

Parent/Guardian Name:.....

Signature:..... Date:.....

LOGAN CITY COUNCIL PRIVACY COLLECTION NOTICE

Logan City Council may collect your personal information, e.g. name, residential address, phone number etc, in order to conduct its business and/or meet its statutory obligations. The information may be accessed by and/or transferred to business partners, contractors, employees and/or Councillors of Logan City Council and other government agencies for Council business related activities. Your information will be handled in accordance with the Information Privacy Act 2009 (Qld) and may be released to other parties where we are required or authorised by law to do so.