

Family Registration Form

ACTIVITY DETAILS

Activity Name: Location of activity:

Date: Time:

Is this your first time attending this particular activity? Yes No

PARTICIPANT INFORMATION

1. Full Name: Date of Birth:

Male Female Other: Cultural Background:

Are you of Aboriginal or Torres Strait Islander origin? Yes No

2. Full Name: Date of Birth:

Male Female Other: Cultural background:

Are you of Aboriginal or Torres Strait Islander origin? Yes No

3. Full Name: Date of Birth:

Male Female Other: Cultural Background:

Are you of Aboriginal or Torres Strait Islander origin? Yes No

4. Full Name: Date of Birth:

Male Female Other: Cultural Background:

Are you of Aboriginal or Torres Strait Islander origin? Yes No

MAIN CONTACT INFORMATION

Street Address: Suburb: Post Code:

Phone: Email:

Please tick if you would like to be added to a mailing list to receive information on upcoming Council programs in the City of Logan

EMERGENCY CONTACT

Contact Name: Relationship:

Email: Phone:

How did you hear about the program? (Please tick as many options as required)

- Printed A&H booklet Digital A&H booklet Our Logan Magazine Friend or Family member
 Internet search Council's website Social Media Shopping Centre Other:

TERMS AND CONDITIONS

By signing this document, I:

- a) understand that participating in any Active & Healthy activity is at my 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 provider.
- b) 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 me or a child under my guardianship 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.
- c) acknowledge that I have voluntarily chosen to participate in the Active & Healthy program.
- d) acknowledge I am fit, healthy, not suffering from any injuries and if appropriate, have a clearance from my doctor to participate in the Active & Healthy program or if I have an injury I have advised the provider of my injuries and have been cleared to participate.
- e) give full consent for LCC to use my 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 HAVE READ, UNDERSTOOD AND PROVIDE THE ABOVE RELEASE, WAIVER AND CONSENT
I acknowledge that:

- a) I am eighteen years of age or over, or if I am under eighteen years of age my parent or guardian is also required to read and sign this document and;
- b) that my signature to this document constitutes a complete and unconditional release of all liability of the 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.

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.

Logan City Council – Active & Healthy Program

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