Pomona & District Community House

2024 - THE SOCIAL – Meal Share & Connection - YP @ PCH

Permission Form/ Release Form

Parents/Care Giver to sign if participant is under 17 years

Participants Name: *Age:*

Address:

Name of Parent/Care Giver:

Emergency Contact 1: *Phone:*

Emergency Contact 2: *Phone:*

Known Allergies/Medications we need to be aware of:

In the event of an emergency, I give the facilitator or a representative of the Pomona & District Community House permission to seek appropriate medical treatment including calling an ambulance

☐ *Yes* ☐ *No*

Community spirit at its best.

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Funded by Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts and Noosa Shire Council

Photo Consent: *I give permission for the Pomona and District Community House Inc. to publish images(photo) of your child/children for use on promotional and online content (website/facebook).*

☐ *Yes* ☐ *No*

Participants agree to abide by the ground rules set out by the facilitator at all times

Signed By Participant _____

We, the undersigned partied have read this form. We are aware that permitting the above named participant to take part in this excursion/event, parent/care givers will be responsible for any accident or injury to such participant.

We further indemnify and release Pomona & District Community House Inc. all agents, associated bodies and individuals involved in organising and running this workshop from all abovementioned responsibility which may arise from these activities including unacceptable behaviour while participating n the Young Peoples Collab.

Signed
Parent/Caregiver _____

Date: _____