**Participant Registration Form ATTACHMENT 2**

Our duty of care to you as a participant of the event includes our need to collect certain information from you. This information will only be used in the event of an emergency and is only accessible by the organising committee and will remain confidential. This information will be destroyed at the completion of the event unless an incident has occurred that requires the committee to retain records of attendance.

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| Event: |  |
| Event Dates: |  |
| Full Name: |  |
| Contact Number: |  |
| Emergency Contact Persons Name: |  |
| Emergency Contact Persons Contact Number: |  |
| Relationship of Emergency Contact Person: |  |
| Do you give permission for us to mention NA’s name if we need to contact your Emergency Contact? |  |
| Do you have any medical conditions the Committee should be aware of? |  |

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| All registered members are advised they are responsible for their own safety while attending this event.  All participants will be made aware of during registration or on arrival of the organising committee members and how to contact them, the names of first aid providers at this event, and all participants will be made aware of emergency and safety information relating to this event.  All participants must check in with an organising committee member if they leave the event early.  All participants give the organising committee permission to contact their Emergency Contact Person and or the Police if they become unaccounted for during the event and have not notified a committee member of their absence. All participants give the organising committee permission to arrange suitable medical care including but not limited to calling an Ambulance in the event of an illness or an injury, costs associated with providing such care will be the responsibility of the individual participant. |

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| I have read and agree to the above terms | |
| Name: |  |
| Signature |  |