



Participant Information Form

Event Information

Event Name	
Date	
Venue	

Participant Information

Participant Name	
Date of Birth	
Group/Unit Name	

Emergency Contact and Medical Information

Medical Information, Allergies and Dietary Requirements (for catered events)			
Emergency Contact 1 (during the event)		Emergency Contact 2 (during the event)	
Name		Name	
Contact Tel:		Contact Tel:	

Photography, Video and Audio Permission

The following consent options concern photography, video and audio footage of the participant named in this form being published via the following:

County internally controlled publications and communication channels, such as online news, email, websites and newsletters.
County social media channels
County advertising and/or promotional material including press

Photos, video or audio of the participant named in this form will not be used unless you give us consent below.

<input type="checkbox"/>	I give consent	<input type="checkbox"/>	I don't give consent
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Any Other Information

Please include any other information that may be useful to the organisers, such as swimming ability for water activities or any additional needs where support maybe required.

Declaration (under 18s only)

I am the parent/carer of the named participant and I give permission for the named participant to take part in this event.

Signed		Date	
Print Name		Relationship to Participant	