**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. | | | |
|  | I give consent |  | I don’t give consent |

**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 |  |