**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**

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| 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 channelsCounty advertising and/or promotional material including pressPhotos, 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**

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| *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)**

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| --- |
| 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 |       |