

CREDITON SKATEPARK OPENING EVENT AND COMPETITION CONSENT FORM



Please use block capitals and print clearly
Information will be treated in strict confidence

Event/Activity: Crediton Skate Jam Event (opening and competition)
Date: Saturday 3rd October

• **Name of Child:** _____ **Age:** _____ **DOB** _____

• **Home Address:** _____

Post code: _____

• **Home Telephone Number:** _____
Mobile Number: _____

• **Medical Conditions: (if any) e.g. asthma, diabetes, allergies:** _____

Participants must wear a helmet when taking part in the competition.

I **confirm** that my son/daughter is in good health and I **give consent** for my son/daughter to participate in the above event/activity.

I **consent to** any emergency treatment required by my son/daughter during the course of the event/activity.

I **give consent for** my son/daughter to be photographed during the course of the above event/activity and I consent to the photographs being used by Mid Devon District Council for bona fide promotional purposes. This also includes the use on the World Wide Web (internet). Skatewarehouse may also take photos for publicity.

The information you provide will be used in accordance with the Data Protection Act 1998, to ensure the safety of all participants and may be shared with other people/organisations involved in the delivery of the above event/activity, if appropriate. By signing this form you are consenting to the Council using the information, which you have supplied in the manner stated above.

Name of Parent/Guardian:

_____ **Signature:** _____

Date: _____