

# HEAVYWEIGHT URBAN DANCE CHAMPIONSHIPS 2020

## PERMISSION / INDEMNITY FORM

IF AGES 15 OR BELOW YOU MUST GET A PARENT/GUARDIAN TO SIGN IF OVER THE AGE OF 16 PLEASE FILL OUT/SIGN IT AS YOURSELF

Name of participant: \_\_\_\_\_

Birthday (dd/mm/yyyy): \_\_\_\_\_

Crew name: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel: \_\_\_\_\_

Mob: \_\_\_\_\_ Relationship to dancer: \_\_\_\_\_

### SPECIAL MEDICAL HISTORY, ALLERGIES, MEDICATION

Please specify any special medical history, medication and allergies

Medicare Number: \_\_\_\_\_ Health Care Card Number (if applicable): \_\_\_\_\_  
Ambulance Membership Number (if applicable): \_\_\_\_\_  
Health Cover Number (if applicable): \_\_\_\_\_

### DECLARATION/INDEMNITY FORM

I \_\_\_\_\_ declare that:

1. I/We hereby agree to consent to \_\_\_\_\_, attending the Heavyweight Urban Dance Championships event.
2. I authorise workers involved in the activity to administer first aid if qualified and to obtain medical advice and/or treatment on the understanding that I will be contacted as soon as possible. I further agree to meet all expenses incurred including ambulance. I also understand if workers advise that myself/my child is deemed as too unwell to perform that I will take on this advice and not perform at the event based on medical observation from medics and staff.
3. I accept full responsibility if I/my child leaves the premises during and after the activities named above. I also accept full responsibility for any damages to person and property in the event of myself/my child leaving the activity on their own accord.
4. I hereby agree to indemnify Heavyweight Urban Dance Championships, its associations and staff for any loss, demands, damages, expenses, claims actions, and suits brought for and on behalf of the above participant or he persons and arising out of or in any way connected to the activity.
5. I give permission for any photos or video footage taken of me/my child at Heavyweight Urban Dance Championships to be used by both companies in promotional material.

I/we confirm that I/we have read and understood the risks involved with the activity and the ramifications of this authorisation and the indemnity form. I/we authorise the worker to administer the medication I/we have indicated on above and I/we am aware that the workers are not medically trained.

Participant Signature (if 16 years or over): \_\_\_\_\_ Parent/Guardian Signature (if 15 or under years): \_\_\_\_\_

PDF is the only format accepted – **DO NOT take a photo of the page and then turn it into a PDF** as this prints out unreadable and won't be an accepted.