

TakeArt Participants Form

Event	
Date/s	Venue:

Name:		
Age:	Date of Birth:	M/F:
Address:		
		Postcode:
Telephone:		
Mobile:		
Email:		

Please state any medical conditions including medication and allergies that we should be aware of:

Do you give permission for ArtsLink staff to authorize any emergency medical treatment that may be needed if we are unable to contact you	Yes/No
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We would like to take photographs and/or make recordings using other media during the above activity. Images will be used by ArtsLink for publicity purposes only.

Do you give us permission to use images of the above named child?	Yes/No
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I give consent for the above named child to take part in the above named activity.
 I know of no reason why they should not participate fully.
 I understand that whilst every reasonable care will be taken by ArtsLink and its workers cannot be held responsible for loss or damage to property during the activity.
 All participants are covered by ArtsLink Public Liability insurance. You may wish to make your own arrangements for personal accident insurance.

Name of parent/carer:	
Signature:	Date: