



<b>Office Use Only</b>		
Amount Paid: \$.....	Received By .....	<b>SURNAME:</b> .....
Method : Cash/Chq/EPOS.		<b>FIRST NAME:</b> .....

SHEPPARTON ART GALLERY EASTBANK CRENTRE, 70 WELSFORD STREET SHEPPARTON VIC 3630  
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**Adult - Workshop Recreational Activity Consent Form**

**Title of Workshop:**

**DATE:**

**TIME:**

**AGE:**

**VENUE:**

**COST:**

***Please return completed form & payment (no later than 5 working days prior to commencement of workshop) in reply paid envelope***

**TERMS AND CONDITIONS**

1. Payment is required in advance (no later than 5 working days prior to commencement of workshop) to secure your booking, as places are limited.
2. You consent to participate in the activity on the terms set out by the council.
3. You agree to participate at your own risk.
4. You authorise the Council, its employees, agents and volunteers to organise medical emergency treatment that you may require during the activity, at your own cost.
5. Please indicate your consent for us to use photographs of you or your work for promotional purposes only.

**YES**       **NO**

**What you agree to**

*I hereby agree to indemnify the Greater Shepparton City Council its Councillors, employees, volunteers, servants and agents from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against them.*

***I confirm that I have read and understand this Agreement prior to signing it.***

**NAME:** ..... **PHONE NO:** .....  
(PLEASE PRINT CLEARLY)

**DATE:** ..... **SIGNATURE:** .....



## PARTICIPANT MEDICAL CHECKLIST (OPTIONAL)

**Please note: The following information is required to assist in the rendering of urgent medical assistance and only if required.**

Participant name/s: \_\_\_\_\_

### IN CASE OF EMERGENCY PLEASE PHONE;

Signed: \_\_\_\_\_

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

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

**Emergency contact # (during workshop hours only) #.** \_\_\_\_\_

Date: \_\_\_\_\_ Ambulance membership number is(optional) \_\_\_\_\_

Participant next of kin is: ( optional)

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Telephone numbers)

### MEDICAL CHECKLIST

#### Known medical conditions (optional - to assist in the case of emergency only)

Condition	Treatment

#### Current medications


***All information in the Adult Workshop Consent Form collected constitutes "Personal Information" and under the Information Privacy Act 2000, will solely be used by the Greater Shepparton City Council for that primary purpose or a directly related secondary purpose. The information provided will not be disclosed to third parties without your consent unless required by law.***