



REKINDLING PROGRAM 2018

PARENT OR GUARDIAN PERMISSION & DISCLAIMER FORM

Please Circle: Parent / Guardian

Your Name

PERMISSION & DISCLAIMER

1. I give my permission for my child to take part in selection workshop for Bangarra's Rekindling Program and agree the leadership team will not be held responsible for any injuries or illnesses that my child sustains during the Rekindling program.
2. I hereby authorise an adult leader of Bangarra's Rekindling Program, as an agent of myself, to provide routine health care (including over the counter medication such as Paracetamol), administer prescribed medications and seek emergency medical treatment, if deemed necessary by said adult leader.
3. In the event that I cannot be contacted in an emergency, I authorise the physician or hospital selected by the leader to provide treatment, including hospitalization, for my child.
4. I have provided Bangarra's Rekindling Program with all the information that is necessary for employees and volunteers of the Program to plan safe and reasonable health care support for my child. This includes, if relevant, any activity modifications my child may require for medical reasons.
5. I agree to inform the employees of Bangarra's Rekindling Program of any changes to my child health, not indicated on this form, at a time prior to the commencement of the Program.
6. In the event of any accident or illness throughout the duration of the Program, where contact with me is impractical or impossible, I hereby authorise the obtaining on my behalf of any medical, surgical and dental assistance for my child/ward that a registered medical practitioner considers necessary. I further authorise qualified practitioners to administer anaesthetic to my child/ward if such an eventuality arises. I undertake to pay any medical, ambulance or dental fees and/or costs incurred in this regard.

I understand that completed Declaration Form is treated with the utmost confidentiality at all times unless a situation arises in which information on the forms must be accessed (e.g. medical emergency / dietary requirements). In these instances, Third Party Providers will be notified of the relevant information in the Form.

I understand that the Program requires a high level of commitment and behaviour from my child/ward. I have explained to him/her that during the Program, he/she will be required to work hard and concentrate on all that is going on (we will also have a lot of fun!). There may be an occasion where it is felt that a participant is not coping with the demands of the Program. I understand that after discussion with me it may be decided for personal, performance or behavioural reasons that my child/ward is not ready for the Program and may be asked to return home.

Child Name

Child's Signature Date.....

I am the parent / legal guardian of the child named above and I agree to the terms of this release form on their behalf.

Parents Name

Signature of Parent or Legal Guardian Date:.....

Relationship to Child

If you have any queries please contact Sidney Saltner, Youth Programs Director on 02 9251 5333



REKINDLING PROGRAM 2018

RELEASE FORM

Your Name

RELEASE FORM

Thank you for taking part in Bangarra Dance Theatre Australia Limited's (Bangarra) activity, program or performance. From time to time, Bangarra uses, reproduces and distributes images and sounds taken for the purpose of assisting Bangarra with profiling the company and its programs.

As a matter of good practice, Bangarra obtains the agreement of participants to use images and sounds that incorporate images of participants and sounds made by participants.

Accordingly, by signing this release form you agree and acknowledge that:

- 1. Bangarra, and its authorised agents, may record in any form, images and sounds of you whilst participating in company activity, program or performance (the Recordings).
2. Bangarra, and its authorised agents, may subsequently modify, use, reproduce and distribute the Recordings in any form of media, including on Bangarra's website, Facebook, Twitter, in newsletters, presentations, reports and magazine articles for the purpose of profiling Bangarra and its Education programs.
3. Bangarra may use your name and likeness or other information concerning me that I have provided to Bangarra for the purposes listed in clause 2.
4. These rights granted to Bangarra are perpetual and worldwide.
5. You will not be paid for any use of the Recordings.
6. All rights in the Recordings, including intellectual property rights, will be owned by Bangarra.
7. You consent to any act or omission by Bangarra which would otherwise be a breach of your moral rights under the Copyright Act 1968 (Cth).
8. You release Bangarra, its officers, employees and agents from any claims, including any claims for compensation, arising from Bangarra's use of the Recordings.
9. In the event of your death, Bangarra will follow its ICIP Policy with respect to continuing use of your name and image.
10. You have the authority to sign this release form on your behalf and warrant that nothing in the Recordings infringes the rights of any other third party

I have read this release form and understand its terms and agree to all of them.

Child Name

Child's Signature Date.....

I am the parent / legal guardian of the child named above and I agree to the terms of this release form on their behalf.

Parents Name

Signature of Parent or Legal Guardian Date:.....

Relationship to Child

If you have any queries please contact Sidney Saltner, Youth Programs Director on 02 9251 5333

OFFICE USE ONLY
Registration Number : [redacted]