



## Participant Consent Form

### 1. Participant Information

• Full Name: \_\_\_\_\_

• Date of Birth: \_\_\_\_\_

• Address: \_\_\_\_\_

• Phone Number: \_\_\_\_\_

• Email: \_\_\_\_\_

### 2. Emergency Contact

• Name: \_\_\_\_\_

• Relationship: \_\_\_\_\_

• Phone Number: \_\_\_\_\_

### 3. Medical Information

• Do you have any medical conditions we should be aware of?

Yes  No

If yes, please specify: \_\_\_\_\_

• Do you take any regular medications?

Yes  No

If yes, please list: \_\_\_\_\_

• Allergies (food, medication, environmental): \_\_\_\_\_

### 4. Consent Statement

I understand that participation in this program may involve physical activity, outings, or health-related sessions. I acknowledge that:

• I am voluntarily participating and accept responsibility for my own health and wellbeing.

• I will inform organisers of any relevant medical conditions or risks.

• In case of emergency, I consent to organisers seeking medical assistance on my behalf.

- I release the organisers from liability for any injury or incident, except where required by law.

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **5. Privacy Acknowledgment**

I understand that my personal information will be collected for program administration and safety purposes only. It will be stored securely and not shared without my consent, except as required by law.

I agree to the privacy terms.

### **6. For Organiser Use**

• Program Name: \_\_\_\_\_

• Date/Session: \_\_\_\_\_

• Staff Initials: \_\_\_\_\_