

PARTICIPANT CONSENT AND HEALTH CHECK

TO : GEORGE TOWN COUNCIL

PROGRAM		LOCATION		SESSION	
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I understand and agree that I participate in this initiative entirely at my own risk. I am aware of the risks involved in participating (including any specific to health and / or physical condition), and I voluntarily assume all risks associated with my participation. I accept that the George Town Council, its employees, agents and partner organisations exclude all liability whatsoever for any death, personal injury or damage to property that I suffer as a result of participating whatever the cause. I forever fully release George Town Council, its employees, agents and partner organisations from any such liability and I waive any present or future rights that I may have against them in relation to any such death, personal injury or damage to property. I understand that to "participate" means my participation in this healthy lifestyle initiative.

Consent relating to collection of personal and health information

The personal and health information on this form is being collected the George Town Council. Your information will be used by George Town Council, Healthy Tasmania Pty Ltd and other partners for the following purposes; future initiative promotion, project evaluation, assisting you in the event you require medical attention during participation. Your information will be disclosed to instructors and event organisers only to make them aware of any medical requirements or conditions which may assist them in conducting the activity. De-identified data and statistics collated from the information provided by you on this form will be provided to partners and funding bodies for analysis to ensure the programs are meeting the intended objectives. Failure to provide the requested information may result in your participation in the initiative being denied. By registering, you consent to the use and disclosure of your personal and health information for the identified purpose for which it is collected. Your information may be disclosed to third parties without your consent where it is reasonably necessary to lessen or prevent a serious threat to your life, health, safety or welfare or where disclosure is required by law.

Photographs and Images

Photographs and other recorded images of you participating in this activity may be used by George Town Council, Healthy Tasmania Pty Ltd (in any form of media) for activities associated with or incidental to this initiative including promotion. By registering you consent to the use and disclosure of those images, including any disclosure outside Tasmania and without any form of payment to you.

PARTICIPATION SECTION					
GIVEN NAMES				GENDER	
SURNAME					
POSTAL ADDRESS					
SUBURB				POSTCODE	
EMAIL					
TELEPHONE				DATE OF BIRTH	
SIGNATURE				DATE	
DO YOU HOLD A HEALTHCARE CARD	PLEASE TICK	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

PARENT/GUARDIAN SECTION					
<i>I hereby agree and consent to the aforementioned child (under 18) participating in this healthy lifestyle initiative.</i>					
GIVEN NAMES				GENDER	
SURNAME					
POSTAL ADDRESS					
SUBURB				POSTCODE	
EMAIL					
TELEPHONE				DATE OF BIRTH	
SIGNATURE				DATE	
DO YOU HOLD A HEALTHCARE CARD	PLEASE TICK	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

ANY OTHER INFORMATION YOU FEEL MAY BE RELEVANT



HOW TO REGISTER ELECTRONICALLY:

Sign up now for this program with the I'm In by Healthy Tasmania phone app available on iOS and Android.

Fill in your details then register at each session by scanning your phone (QR Code) with the session coordinators phone. Step by step process available at www.activelaunceston.com.au

PARTICIPANT BACKGROUND HEALTH INFORMATION

FULL NAME OF PARTICIPANT			
1	CHRONIC HEALTH CONDITIONS (IE DIABETES, CANCER, OBESITY)?	PLEASE TICK Yes <input type="checkbox"/> No <input type="checkbox"/>	PLEASE BRIEFLY DESCRIBE
2	ANY OTHER MEDICAL CONDITIONS THAT THE PROGRAM FACILITATOR/INSTRUCTOR SHOULD BE MADE AWARE OF?	PLEASE TICK Yes <input type="checkbox"/> No <input type="checkbox"/>	PLEASE DESCRIBE
3	ALLERGIES TO ANY MEDICATIONS IN THE CASE OF AN ACCIDENT	PLEASE TICK Yes <input type="checkbox"/> No <input type="checkbox"/>	PLEASE LIST
4	IN CASE OF AN ACCIDENT WHO SHOULD WE CONTACT (next of kin)	NAME	PHONE NUMBER
5	WHERE WERE YOU BORN?		
6	WHAT LANGUAGE/S DO YOU SPEAK AT HOME		
7	ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?		
8	IN A TYPICAL WEEK, DO YOU / DOES THE PARTICIPANT MEET THE AUSTRALIAN PHYSICAL ACTIVITY GUIDELINES AS OUTLINED BELOW?	PLEASE TICK Yes <input type="checkbox"/> No <input type="checkbox"/>	COMMENT

1 – 5 YEAR OLDS Toddlers (1 to 3 years) and pre-schoolers (3 to 5 years) should be physically active every day for at least three hours throughout the day.

5 – 12 YEAR OLDS A combination of moderate and vigorous activities for at least 60 minutes a day is recommended.

12 – 18 YEAR OLDS At least 60 minutes of physical activity every day is recommended. This can be built up throughout the day with a variety of activities. Physical activity should be done at moderate to vigorous intensity.

ADULTS Put together at least 30 minutes of moderate-intensity physical activity on most, preferably all, days of the week. You can accumulate your 30 minutes (or more) throughout the day by combining a few shorter sessions of activity of around 10 to 15 minutes each.

Department of Health Physical Activity Guidelines: tiny.cc/hexy7w

