

Activity Consent Form

Activity	WODONGA'S AMAZING RACE
Location	The Cube Wodonga Courtyard and surrounding city centre
Date	Saturday, August 12, 2017
Time	9.30am to 1pm

Participants will be undertaking Wodonga's Amazing Race

Event aim:

- To work as a group, with individual, paired and group challenges.
- An envelope will be given to the team on successful completion of each task. This will have the clue for the next task.
- The winning team will be the team that has successfully completed all 11 tasks first.
- There will be an award for the winning team.

The Group:

- Each group will consist of 4 team members.
- There are 11 challenges in total: 1 whole group; 2 x two person & 8 x individual. Each person will therefore do four challenges (2 x individual, 1 x team and 1 x two person)
- All group members must walk/jog together. There is to be no sprinting or running in to people. Be mindful of other members if the community using the space.
- All tasks are done in central Wodonga (in case you are having trouble with a clue)
- Clues are contained in envelopes with your team number/name

The rules:

- Officials have the power to enforce time penalties for those caught breaking the law / jeopardizing safety / or for cheating. Their decision is final.
- The team is to cross only at traffic lights or designated legal spots (eg zebra crossings or wombat crossings). Be aware of your surrounds - do not blindly cross a road.
- All group members must be present at the challenge before you can start that challenge. Stay as a group.
- You must be aware of others in your group and the general public.
- You must wear the supplied hi-vis vest.
- You will wear comfortable, enclosed shoes.
- Please supply own water bottle. (Some water will be supplied at designated water stations during the race).
- If you happen to find yourself in a local store, be courteous and respectful – only 1 person in the store from your team at any time (NOT 15).
- If anyone has a medical condition or pre-existing injury that may affect this activity, please advise event organisers prior to beginning the activity.

Remember, this is a fun, physical event. Always have a go, support your team and never give up!



Activity Consent Form – Wodonga’s Amazing Race

If under 18 yrs of age a parent or guardian is required to complete the form

Team Name: _____

People in my team: _____

I (name)of (address).....

consent to the participation of (myself/child) in the abovementioned activity.

I understand that participation in this activity can be physically demanding. *Please note that any person with a disability should not view physical capacity as a barrier to participation. However it is their responsibility to advise the activity supervisor if additional support or assistance is required to support participation.*

I agree to wear appropriate clothing whilst participating at any time in the activity - eg flat, enclosed footwear.

I acknowledge that I have sole responsibility for my personal possessions and equipment at all times - before, during and after the activities.

I hereby consent to the publication or use of my name, image, statement or otherwise in any form of media pertaining to the activity before, during or after the activity whether for advertising, promotion, or otherwise.

I hereby consent to receiving any medical treatment which may be deemed necessary in the event of injury, accident and or illness that arises during the activity and where it is not possible or impractical to notify my emergency contact person.

I agree to indemnify and keep indemnified the Council, its servants and agents and each of them from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against them or any of them arising from my son/daughter’s participation in these activities. I agree that my liability to indemnify the Council shall be reduced proportionally to the extent that any act or omission of the Council, its servants or agents, contributed to the loss or liability.

I have read and understood this activity consent form and agree to its conditions.

Please sign and complete details below. (If you are under 18 yrs of age a parent or guardian must sign here for you)

Signature.....Date.....

Phone.....Mob.....

Emergency Contact (if different from above).....

Medicare number

Ambulance/ Health Insurance membership number.....

Medical requirements/conditions/treatment, if applicable.....

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Personal and or Health Information collected by Council is used solely for municipal purposes as specified in the Local Government Act 1989. Council may disclose this information to other organisations, such as emergency health care service providers, if required by legislation. The activity participant or parent/guardian understands that the Personal and or Health Information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and or correction should be made to Council’s Privacy Officer.