

ACTIVITY DETAILS

Activity name: _____

Location of activity: _____ Date: _____ Time: _____

Is this your first time attending this particular activity? Yes No

PARTICIPANT INFORMATION

1. Full Name: _____ Male Female Other: _____

Date of Birth: / / Country of Birth: _____

Are you of Aboriginal or Torres Strait Islander origin? Yes No

2. Full Name: _____ Male Female Other: _____

Date of Birth: / / Country of Birth: _____

Are you of Aboriginal or Torres Strait Islander origin? Yes No

3. Full Name: _____ Male Female Other: _____

Are you of Aboriginal or Torres Strait Islander origin? Yes No

Date of Birth: / / Country of Birth: _____

MAIN CONTACT INFORMATION

Street Address: _____

Suburb: _____ Post Code: _____

Email: _____ Phone: _____

Please tick if you would like to be added to a mailing list to receive information on upcoming Council programs in Logan City

How did you hear about the program? (Please tick as many options as required)

Printed Live Well Logan booklet Digital Live Well Logan booklet Our Logan Magazine

Friend or family member Internet search Logan Hospital Council's website

Social Media Shopping centre Other: _____

EMERGENCY CONTACT

Contact Name: _____ Relationship: _____

Email: _____ Phone: _____

By signing this document I:

- understand that I/my child/children participates in the Live Well Logan program at my/their own risk and acknowledge and accept the level of risk consequent with the activity and in accordance with the rules specified by the Live Well Logan service provider.
- hereby agree to indemnify and keep indemnified and hold harmless Logan City Council ("LCC"), its employees and servants, the promoter, partners, managers, officers, agents, contractors, any club, organisation and volunteers including medical and paramedical personnel appointed for the activities, the owners' licensees and occupiers of land in which the activities or any part of it are conducted, sponsors and activities organisers ("the parties"), from and against all liability for any damage, loss, costs, expense, liability, claims, demands, actions, proceedings, injury (including death) or dispute including any negligence by the parties arising out of, directly or indirectly, the actions or omissions (whether wilful, negligent or otherwise) by the parties which may be brought by or on behalf of the above named child, however arising out of or in relation to participation in the Live Well Logan program. To be clear, this waiver includes but is not limited to liability for any negligent or tortuous act or omission, breach of duty, breach of contract or breach of statutory duty on the part of the parties.
- acknowledge that I/my child/children has voluntarily chosen to participate in the Live Well Logan program.
- acknowledge that there is a risk of COVID-19 transmission while participating in this activity.
- acknowledge I/my child/children is fit, healthy, not suffering from any injuries and if appropriate, have a clearance from my doctor/my child's/children's doctor to participate in the Live Well Logan program or if I/my child/children has an injury I have advised the provider of my/my child's injuries and I/my child has been cleared to participate.
- give full consent for LCC to use my/my child's/children's images and/or personal information in any or all promotional and marketing campaigns, e.g. television and cinema advertising, promotional DVDs, and any other printed and or audio-visual or website material relating to LCC and the Live Well program or other government agencies at the discretion of LCC

I acknowledge that:

- I am the legal guardian of the child/children who is named on this form. I hereby covenant and warrant this information true and correct and hereby agree that we shall all be bound by this document.
- that my signature to this document constitutes a complete and unconditional release of all liability of LCC to the extent permitted by law in the event of me and/or the children under my care suffering injury, death or permanent disability.

I HAVE READ, UNDERSTOOD AND PROVIDE THE ABOVE RELEASE, WAIVER AND CONSENT

Full Name:

Signature: Date:

Parent/Guardian

If the person providing the Release, Waiver and Consent is a child (under 18 years of age), the following section must be completed: I am a parent, grandparent, or other legal guardian of the child who is named above. I hereby covenant and warrant this information true and correct and hereby agree that we shall both be bound by this document.

Parent/Guardian Name:

Signature: Date:

LOGAN CITY COUNCIL PRIVACY COLLECTION NOTICE

Logan City Council is collecting your personal information for the purposes of the performance of its functions and providing services to the community. Your personal information may be accessed by employees, contractors, and/or Councillors of Logan City Council, and other Government agencies. Your personal information will be handled in accordance with the Information Privacy Act 2009 (Qld) and may be released to other parties where Logan City Council is required or authorised by law to do so. Due to COVID-19, your personal details may be passed onto the relevant health authorities to assist us with preventing the spread of the virus. If you withhold your personal information, you will not be permitted to participate in a Live Well Logan activity. We will use or disclose your personal information to enable contact tracing by health officials, upon request. For more information on Council's Privacy Policy, see logan.qld.gov.au/information-and-privacy/privacy.