

IGNITE CONFERENCE 2010 : THE PORTAL

23-26 September 2010 at Mueller Performing Arts Centre, Rothwell

PARENTAL CONSENT FORM FOR PARTICIPANTS UNDER THE AGE OF 18

This form is required to be completed for any participants who will be under the age of 18 at 23 September 2010.

Name of Child: _____ **Date of Birth:** _____

Does your child have any:

- Health concerns/medication requiring supervision: _____
- Dietary requirements: _____
- Allergies: _____

Is there any other information that the Ignite team should know? (eg. custody situations) _____

I give permission for Paracetamol to be administered my child, at the discretion of the Ignite Conference First Aid officers

Indemnity: I understand that while every reasonable precaution will be undertaken to ensure the protection of my child, I hereby release Emmanuel Community, authorised Staff and Volunteers (hereafter "Emmanuel Community") from any and all liability in the event of any injury, accident, misfortune, damage or loss that may occur to my child and/or their property while present at the Ignite Conference (hereafter "Ignite"). Further, I indemnify Emmanuel Community from and against all loss, including legal expenses, connected with or arising from any claims or demands in relation to my child's attendance at Ignite, including leaving the conference venue without permission.

Medical Treatment Consent: I give permission for Emmanuel Community to obtain emergency medical, hospital or ambulance assistance and/or treatment for my child at any time they consider necessary. I understand that every effort will be made for myself to be notified before instituting such procedures. I acknowledge that I will be liable for any medical, hospital or ambulance expense incurred in the treatment of my child and I agree to pay those expenses.

Involvement Consent: I give permission for my child to participate in activities he/she may choose while attending Ignite. I agree and understand that Emmanuel Community reserves the right to exercise discretion to refuse to register any child upon medical and/or other grounds without providing a detailed reason for doing so.

Privacy Declaration: I understand that Emmanuel Community may collect information about me/my child for the purpose of providing promotional material, and that they will not pass this information on to any other organisation. I consent to these details being used by Emmanuel Community for the promotion of future events and resources via post, phone, email and sms. I can elect to have my details removed from their database at any time. Ignite will be captured in photographs, video and audio. I understand that Emmanuel Community reserves the right to use this material for promotional purposes or other resources.

Limits of this agreement: I understand that this agreement applies to my child's participation during Ignite. If Emmanuel Community provides assistance to my child in the areas of accommodation and/or transport, an additional indemnity form will need to be completed, if applicable.

Parent/Guardian Name: _____ **Relationship to Child:** _____

Address: _____

Phone: _____ **Mobile:** _____ **Email:** _____

Signature: _____ **Date:** _____

Please note, registration is not complete until this Parental Consent form has been returned.

If you have any queries, please contact Luke Plant on (07) 3217 5199 or at luke@igniteconference.com.au.

Please return this form to Ignite Conference as early as possible:

post: PO Box 126, Paddington QLD 4064 fax: (07) 3217 5288 email: info@igniteconference.com.au