

Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (if under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical conditions that Swoop should be aware of

Consent form

I fully understand the activities to be undertaken in Swoop classes. With the knowledge that Swoop Physical Theatre ensure that these activities are undertaken with caution and adequate safety measures, I shall on demand indemnify, and keep indemnified, Swoop Physical Theatre against all reasonable costs, charges, expenses, liabilities, outgoings and payments which Swoop pays, is liable to pay or sustains in any way arising from any circumstance which may occur during attendance in Swoop workshops.

I give permission for appropriate medical attention to be sought for me/my child if unable to do so myself.

I understand that I am responsible for all medical costs, which may occur as a result of mine/my child’s actions during Swoop workshops.

I understand that Swoop Physical Theatre may, at times, take photos and / or videos during classes for publicity purposes, and that if I do not wish for photos of myself / my child to be taken and / or used for these purposes, I will notify Swoop Physical Theatre in writing.

Signed:

Participant Name:

Date: