



# **BUSKING**

## **Parent Consent Form**

Please complete this form and return to the Glen Innes Visitor Information Centre prior to busking. Consent forms **must** be completed and returned **before** your child can participate in busking.

Young person's name:	
Gender:	Date of birth:
Street Address:	
Suburb:	Postcode:
Contact Phone Numbers:	Mobile:
<b>Emergency medical treatment</b> In the event of a medical emergency, I give permission to the worker in charge of this Workshop to call the Ambulance Service and if needed, have my child taken to hospital.	
<b>Signed:</b>	
Please tell us if your child has any medical problems or allergies or is taking any medication ( <b>give details</b> )	
<b>Photographs</b> Glen Innes Severn Council often takes photographs of young people participating in activities to use for promotional purposes for our programs, publications and in the media. <b>Please indicate your wishes:</b> I do / do not ( <b>please circle</b> ) give permission for photographs featuring my child being used for the above purposes.	
<b>Departure from the busking</b> (please tick the appropriate box) I shall pick my child up at the conclusion of their busking <input type="checkbox"/> My child can independently leave the workshop <input type="checkbox"/>	
As the parent or guardian, I give permission for _____ to attend busking at the 2023 Australian Celtic Festival. I consent to my child, named above, participating in this workshop. I agree that entry to and attendance at these activities shall be entirely of my risk. I acknowledge that the supervisors are unable to compel my child to remain busking should he/she insist on leaving and, should my child leave busking prior to completion of the activities, neither the supervisors nor the Council will have any responsibility for my child once he/she leaves the busking. <b>I HEREBY RELEASE AND DISCHARGE</b> Glen Innes Severn Council from any action proceeding, claim, demand, cost, loss, damage or expense which but for the provisions hereof might be brought against or made upon Glen Innes Severn council by myself or my child as a result of my child attending these activities.	
<b>Parent/Guardian Name:</b> _____.	
<b>Parent/Guardian signature:</b> _____.	
<b>Date:</b> _____.	

### **Privacy Advice**

*The personal information that Glen Innes Severn Council (referred to as Council) has collected or is collecting from you is personal information for the purpose of the Privacy and Personal Information Protection Act 1998 (PPIPA). Council will only use this information in accordance with the PPIPA.*

*The supply of this information by you is voluntary. However, if you cannot provide or do not wish to provide the information sought, the Council may be limited in dealing with your application/request. Council requires this personal information from you in order to process your application.*

*You may make application for access or amendment to your personal information held by Council. Council will consider any such application in accordance with the PPIPA.*

*Council is to be regarded as the agency that holds the information.*