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| --- | --- | --- | --- |
| **QVMAG School Holiday Program (30 Sept - 4 Oct July 2019)****Booking and Consent Form**  | Recorded by:  | Date:  | Office use only |
| 🞏 Entered on Tally | 🞏 Date Paid - (Rec No) | Comments: |
| 🞏 Entered on Database  | 🞏 Confirmation Emailed |
| 🞏 Entered in ECM |  |
| 🞏 In Person  | 🞏 Phone  | 🞏 Email  |
|  |
| Parent / Guardian’s Name: |
| Home phone: | Mobile: |
| Email: |
| Address: |
| Other adults consented for pickup: | Phone: |
| Are you a QVMAG Friend? | 🞏 Yes / (Number :\_\_\_\_\_\_\_F) | 🞏 No |
| How did you find out about the program? | 🞏 QVMAG web page🞏 Posted flyer | 🞏 Social media post🞏 Through friends | 🞏 Email🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of child/children | Allergies / Health issues | Age | DOB |
| 1. |   |   |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| **DAY DATE** | **Education Program for five to twelve year olds** | **Use the number against child's name from the above list and put it beside the workshop(s) he/she wishes to attend.** |  |  |
| **Monday 30 September 2019** | **Who's who in the rocky zoo? - (LC) MUSEUM** |  |  |
| **Tuesday 1 October 2019** | **Enter the amazing world of crystals and gemstones - (LC) MUSEUM** |  |  |
| **Wednesday 2 October 2019**  | **The power of mother nature - (LC) MUSEUM** |  |  |
| **Thursday 3 October 2019** | **From rock to sand and everything in between - (LC) MUSEUM** |  |
| **Friday 4 October 2019** | **Wonders of our precious geological world - (LC) MUSEUM** |  |
| Full Day Session Times:**(10.30am - 3.00pm)** Standard | Per Session | **$30.00** |  |
| QVMAG Friends/Staff | Per Session | **$27.00** |
| **Total Amount Due:** | **$** |

\*\*\*Payment is required at the time of booking and is non-refundable\*\*\*

For Credit Card Payments please call (03) 6323 3798 from 8.30am - 3.45pm Monday - Friday.

Alternatively, request a call back and the team will contact you.

**In the event of an emergency:** **Checked by: \_\_\_\_\_\_ (QVMAG staff member initials)**

□ I give permission for QVMAG staff to seek medical attention for my child/children.

□ I give permission for my child/children to be taken to the Launceston General Hospital by the Tasmanian Ambulance Service.

□ I consent for my child/children to participate in the activity as described on the Activity Program Information Sheet.

□ I agree for my child/children to participate at their sole risk.

□ If my child/children cause injury or loss to a third party during the activity and the third party takes action against City of Launceston (CoL), I agree to indemnify (reimburse) CoL for any cost or loss that CoL may incur as a result.

□ I accept the inherent risk of the activity on behalf of my child/children and possibility of injury, property damage or loss resulting therefrom. I acknowledge that whilst the CoL will make every reasonable effort to minimise exposure, not all dangers associated with this activity can be eliminated. CoL has no liability for harm suffered from obvious risks associated with the holiday program and I give my child/children permission to participate in activities knowing the risks involved.

□ I hereby agree to indemnify CoL, its Councillors, employees, volunteers, servants and agents 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 child/children participating in the activity related to my child's/children's negligent acts, errors or omissions.

□ **As the parent/guardian, I confirm that I have read and understood this agreement relating to the participation of my child/children, prior to signing it.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your signature**  |  | **Date** | /          / |

**Photography**

City of Launceston regularly reproduces photographs/footage of people in its publications, advertising, promotional and marketing material, and on its website, Facebook page and YouTube Channel in order to promote its services, facilities and Launceston as a city. City of Launceston would like to use and reproduce photographs/footage of people for this purpose and is seeking your consent to do so.

**I do**□ **/ do not** □ **agree (please tick/cross relevant or strike out non relevant) to the Council using and reproducing photographs/footage of my child/children in the manner explained above.**

**Media/Publicity**

City of Launceston may invite media outlets, including radio, television and newspapers, to attend School Holiday Program activities, with the purpose of promoting the school holiday program to the general public.

**I do**□**/do not** □ **agree (please tick/cross relevant or strike out non relevant) to my child/children being filmed/ photographed by media outlets including radio, television and newspapers.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your signature** |  | **Date** | /          / |

**Personal Information Protection Statement**

As required under the *Personal Information Protection Act 2004*

1. Personal information is managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates, on request to Launceston City Council.
2. Information can be used for other purposes permitted by the *Local Government Act 1993* and regulations made by or under that Act, and, if necessary, may be disclosed to other public sector bodies, agents or contractors of Launceston City Council, in accordance with Council's Personal Information Protection Policy (17-Plx-005).
3. Failure to provide this information may result in your application not being able to be accepted or processed.