GRADING CAMP AUTHORITY

Location of Camp			**Date of camp**	
Name			**Date of Birth**	**Age**
Address			**Mobile**	
Please circle: Male/ Female	**Weight**	**Height**	**Current grade**	
Cultural Background (Please circle) Aboriginal/ Torres Strait Islander			Other : _____	

Points in health (if any) that requires special attention, including any medication needed or diagnosis (possible medical risk plan may be needed)
Emergency Contact Name: Relationship to Participant: Emergency Contact Number/ Numbers:

Photo/ Video/ Use of Image Consent – [please tick relevant option]

- ☐ I consent for my image/ my child's image (please circle relevant option) through video/ audio/ photo to be taken and used for Zen Chi Ryu advertising/ promotions/ publications. This could include emails, social media platforms and website usage

- ☐ I do not give consent for my image/ my child's image (please circle relevant option) to be taken and used

Signature: _____ Date: _____

Name of Person: _____

This form must be accompanied with the Camp Fee and returned by the _____

DECLARATION

I, the undersign, in consideration of, and as a condition of acceptance of my application for the above event, for myself, my heirs, executors and administrators, herby waiver all and any claims, right of cause or action, which I or they might otherwise have, arising out of any loss of life or injury, damage or loss of any description whatsoever which may be suffered or sustained in the course of, or as a consequence of, my entry or participation in the said event.

This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in promoting or staging the event and the servants, agents, representatives and officers of any said persons, corporations and bodies.

I have read the conditions of the camp shown of the Camp Notification and agree to abide by them.

Signature of Participant _____

Name of Participant: _____

Date: _____

Countersign of Parent/ Guardian, if under 18 years of age

Signature of Parent/ Guardian: _____

Name of Parent/ Guardian: _____

Date: _____