** LEEDS WEST INDIAN CARNIVAL (LWIC) *A TASTE OF CARNIVAL* APRIL 2ND 2018**

**REGISTRATION AND CONSENT FORM** (***TO BE COMPLETED BY PARENT/GUARDIAN/CARER)***

**PARTICIPANTS’ INFORMATION (please complete and return for all those you wish to attend).**

**NB attendance is by registration only and on a first come first served basis. Please read the *About a Taste of Carnival* information carefully then complete, sign and return this form by MONDAY 26TH MARCH. All information will be treated in the strictest confidence.**

**About the adults (age 18+) in your party**

|  |  |
| --- | --- |
| ***Adult 1*** | ***Adult 2*** |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Phone:** | **Phone:** |
| **e-mail:** | **e-mail:** |

**Your relationship to children taking part in the workshop;**

🞏 I am the carer/responsible adult (responsibility by consent of child’s parent /guardian) 🞏 I am the parent of the child/children below

**About the children (aged 6-15) in your party**

|  |  |  |
| --- | --- | --- |
| ***Child 1*** | ***Child 2*** | ***Child 3*** |
| **Name:** | **Name:** | **Name:** |
| **Male/Female** | **Male/Female** | **Male/Female** |
| **Address:** | **Address:** |  |
| **Age on 02/04/18** | **Age on 02/04/18** | **Age on 02/04/18** |

**YOUR CONSENT**

**Film and Photography**

Are you happy for photos/video/audio recordings to be made of everyone in your party? YES🞏 NO🞏

Would you agree to these being used in LWIC marketing materials, website and social media YES🞏 NO🞏

(Please let us know on the day if you do not wish images, footage and/or audio of anyone in your party to be used).

**Risk and Security**

I agree to all those listed above taking part in the **TASTE** **OF CARNIVAL FAMILY WORKSHOPS ON APRIL 2ND 2018** organised by Leeds West Indian Carnival. The safety and comfort of our participants will be our priority at this event. Risk Assessments are carried out by LWIC before and during all activities, which will be revised if/as appropriate.

I understand that I will be responsible for the children listed above. I also understand that whilst every care will be taken by LWIC (committee members, contracted artists and volunteers) that they cannot be held responsible for any accidents that arise out of unreasonable and or inappropriate behaviour of participants. I am aware that some of the activities may carry risks which LWIC will take all measures to minimise or eliminate (including explaining any hazards, safe practices, emergency procedures; using experienced facilitators and ensuring first aid cover).

**Parent/Carer /Guardian Signature: Print name:**

**Date:**