

PARTICIPANT CONSENT AND HEALTH CHECK

PROGRAM		LOCATION		SESSION	
---------	--	----------	--	---------	--

PARTICIPANT SECTION

GIVEN NAME/S		GENDER	
SURNAME			
POSTAL ADDRESS			
SUBURB		POSTCODE	
EMAIL			
TELEPHONE		DATE OF BIRTH	
SIGNATURE		DATE	
DO YOU HOLD A HEALTHCARE CARD?	PLEASE CIRCLE	YES	NO

PARENT / GUARDIAN SECTION

I hereby agree and consent to the aforementioned child (under 18) participating in this Active Launceston initiative.

GIVEN NAME/S		GENDER	
SURNAME			
POSTAL ADDRESS			
SUBURB		POSTCODE	
EMAIL			
TELEPHONE		DATE OF BIRTH	
SIGNATURE		DATE	
DO YOU HOLD A HEALTHCARE CARD?	PLEASE CIRCLE	YES	NO

ANY ADDITIONAL INFORMATION YOU FEEL MAY BE RELEVANT

TO: UNIVERSITY OF TASMANIA

I understand and agree that I participate in this Active Launceston initiative entirely at my own risk. I am aware of the risks involved in participating (including any specific to health and or physical condition) and I voluntarily assume all risks associated with my participation.

I accept that the University of Tasmania (the University), its employees and agents exclude all liability whatsoever for any death, personal injury or damage to property that I suffer as a result of participating whatever the cause. I forever fully release the University including its employees and agents from any such liability and I waive any present or future rights that I may have against them in relation to any such death, personal injury or damage to property. I understand that to "participate" means my participation in this an Active Launceston initiative.

Consent relating to collection of personal and health information

The personal and health information on this form is being collected by the University of Tasmania (UTAS). Your Information will be used by UTAS for the following purposes; Active Launceston initiative promotion, demographic analysis and evaluation to ensure the future sustainability of the Active Launceston initiative, assisting you in the event you require medical attention during participation, completing UTAS insurance requirements and assessing the suitability of the planned activity for you.

Your information will be disclosed to instructors and event organisers as required to make them aware of any medical requirements or conditions which may assist them in conducting the activity. De-identified data and statistics collated from the information provided by you on this form will be provided to partners and funding bodies for analysis to ensure the programs are meeting the intended audiences.

Failure to provide the requested information may result in your participation in the initiative being denied.

By signing this form you consent to the use and disclosure of your personal and health information for the identified purpose for which it is collected. Your information may be disclosed to third parties without your consent where it is reasonably necessary to lessen or prevent a serious threat to my life, health, safety or welfare or where disclosure is required by law.

Photographs and images

Photographs and other recorded images of you participating in this activity may be used by The University of Tasmania (in any form of media) for activities associated with or incidental to this initiative including promotion. By signing this form you consent to the use and disclosure of those images, including any disclosure outside Tasmania and without any form of payment to you.

All personal and health information will be managed in accordance with the Personal Information Protection Act 2004, and the University of Tasmania's Personal Information Privacy Policy. For more information on how your information is being used or stored by the Active Launceston Program, or to access your information, visit the University's website at utas.edu.au or contact the University on 6324 4047

I would like to receive information on future Active Launceston and physical activity initiatives (please circle) YES NO

Move More, Live More!

PARTICIPANT BACKGROUND HEALTH INFORMATION

FULL NAME OF PARTICIPANT		
1. CHRONIC HEALTH CONDITIONS (I.E. DIABETES, CANCER, OBESITY)?	PLEASE CIRCLE YES NO	PLEASE BRIEFLY DESCRIBE:
2. ANY OTHER MEDICAL CONDITIONS THAT THE PROGRAM FACILITATOR/INSTRUCTOR SHOULD BE MADE AWARE OF?	PLEASE CIRCLE YES NO	PLEASE DESCRIBE:
3. ALLERGIES TO ANY MEDICATIONS IN THE CASE OF AN ACCIDENT?	PLEASE CIRCLE YES NO	PLEASE LIST:
4. IN CASE OF AN ACCIDENT WHO SHOULD WE CONTACT (NEXT OF KIN)?	NAME	PHONE NUMBER
5. WHERE WERE YOU BORN?		
6. WHAT LANGUAGE/S DO YOU SPEAK AT HOME?		
7. ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?		
8. IN A TYPICAL WEEK, DO YOU / DOES THE PARTICIPANT MEET THE AUSTRALIAN PHYSICAL ACTIVITY GUIDELINES AS OUTLINED BELOW?	PLEASE CIRCLE YES NO	COMMENT:

1-5 year olds = Toddlers (1 to 3 years) & Pre-schoolers (3 to 5 years) should be physically active every day for at least three hours, spread throughout the day.

5-12 year olds = A combination of moderate and vigorous activities for at least 60 minutes a day is recommended.

12-18 year olds = At least 60 minutes of physical activity every day is recommended. This can be built up throughout the day with a variety of activities. Physical activity should be done at moderate to vigorous intensity.

Adults = Put together at least 30 minutes of moderate-intensity physical activity on most, preferably all, days of the week. You can accumulate your 30 minutes (or more) throughout the day by combining a few shorter sessions of activity of around 10 to 15 minutes each.

Department of Health Physical Activity Guidelines: tiny.cc/hexy7w