



## REVIVAL INTERGENERATIONAL YOUTH LED RETREAT ADULT LEADER/ PARTICIPANT FORM



### PARTICIPANT DETAILS

Full Name:

D.O.B.:  Gender:

Contact Phone Number:

Email:

Address:

Do you have any allergies?

Do you have any dietary needs?

Do you have other medical condition/s or medications that need to be administered that we may need to be aware of?

### Medical Treatment Consent

In the event that you are unable to communicate with me, or my nominated emergency contacts, I consent to receive any such medical or surgical treatment as may be deemed necessary and I agree that any such treatment will be at my expense. I consent to receive First Aid. I have informed you of any allergies or other medical conditions that I have to this activity and will make any necessary medication available.

### EMERGENCY CONTACT DETAILS

Tick this box if same as above

Emergency Contact:

Relationship to me:

Contact Phone Number:

Address:

### PRIVACY DECLARATION

The parishes, schools and agencies of the Archdiocese of Brisbane (we, us or our) may collect, use and disclose personal information about you. We collect personal information directly from you and may collect personal information passively through our website. We collect your personal information to fulfill the mission and directions of our organization, to administer the sacraments and provide pastoral care to you, to provide you with other services and products you are seeking, to communicate with you about the services and products we offer, to solicit donations and to comply with our legal and regulatory requirements. If the personal information you provide is incomplete or inaccurate, we may not be able to provide you with the services or products you seek. We may disclose personal information about you to our parishes, schools, agencies, and service providers who assist us in operating our organization. Our Privacy Policy (available on our website or on request) sets out how you can access and ask for correction of your personal information, how you can complain about privacy-related matters and how we respond to complaints. Contact details: Privacy Officer, GPO Box 282, Brisbane, Queensland, 4001, email: [privacyofficer@bne.catholic.net.au](mailto:privacyofficer@bne.catholic.net.au), telephone: +61 7 3324 3579.

Adult Leader/Participant Signature:

Date:

## ADULT LEADER/PARTICIPANT CONSENT

Participant Name:

will be participating and attending **Revival Intergenerational Youth Led Retreat, Camp Moogerah, 880 Lake Road, Moogerah** from 4pm Friday 25 June 2021 to after 5:30pm Mass Sunday 27 June 2021.

### **Indemnity**

I understand that while every reasonable pre-caution will be undertaken to ensure the protection of the adult leader/participant, I hereby release **Darra Jindalee Catholic Parish/Darra Jindalee Youth Ministry** from any and all liability in the event of any injury, accident, misfortune, damage, or loss whatsoever that may occur to myself or my property while present at the **Revival Intergenerational Youth Led Retreat, Camp Moogerah**.

### **Permission to Use Photographic or Filmed Images**

I grant to the Catholic Archdiocese of Brisbane, its representatives and employees the right to take video footage and photographs of myself to be used in connection with **Darra Jindalee Catholic Parish/Darra Jindalee Youth Ministry Revival Intergenerational Youth Led Retreat, Camp Moogerah**. I authorise the Archdiocese, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Archdiocese may use such footage or photographs of me in perpetuity with or without my name and for any lawful purpose, including for example sure purposes as publicity, illustration, advertising, and Web content.

Print name:

Participant signature:

Date: