



WALKING FOOTBALL BRISBANE REGISTRATION/CONSENT FORM



ABN: 82 167 545 874

PLEASE PRINT THIS FORM, COMPLETE AND SIGN THE BOTTOM - HAND TO CO-ORDINATOR AT VENUE

Whilst efforts are taken to minimise the risk involved in taking part in walking footballing sessions, this does not provide absolute guarantee to all participants that accidents or injuries will not occur. (Walking Football Brisbane) accepts no responsibility for any injury incurred during the sessions.

I can confirm that I am well and healthy to participate in physical exercise and understand that it is my responsibility to seek the advice and approval of my doctor before being accepted into WFB.

Name: D.O.B.:

Address:

Suburb: Post Code:

Mobile No.

Emergency Contact No.:

Name of Emergency Contact No.:

Name of GP:

GP Contact No.:

Known Allergies:

Please Tick

Do you acknowledge the need to behave responsibly and follow the Walking Football Brisbane's rules and code of conduct?

Have you been provided with a copy of the Indemnity Form?

Have you read, understood and signed the Indemnity Form?

Pictures/Images - Disclaimer

I hereby give Walking Football Brisbane permission to use any still and/or moving images/media depicting Walking Football Brisbane. Images/media may be used for any or all the following: advertising, marketing, leaflets, social media and/or any other use such as training, educational or publicity purposes.

Signature ----- Dated: -----

For Office Use Only:

Entered into Database By: Date Entered:

Received Indemnity Form: Y or N