Gladstone Region In the Bin Participant Details

Participant's Name: _____Age: _____

Postal address: _____Phone: _____

Email:_____

Emergency contact: _____ Phone: _____

Where participant is under 18 years

Full name of parent or guardian:_____

Phone:_____ Email _____

Home address:_____

Consent

Your child ………………………………………….…. will be participating in the In The Bin Education Program. Over the next three days he/she will be learning all the basic principles of filmmaking by being able to create their own short film which will be screened as part of In The Bin Film Festival.

As a result we request parental permission for …………………………………………………… to participate in the workshop.

In signing the below you understand and agree to having your child participate in this workshop where they will be filmed as part of the workshop. The footage that is filmed will be publicly screened, not just at this festival but the film also has the potential, if accepted, to be publicly screened on television and other short film festivals.

I ………………………………………….………………. hereby give permission for my son / daughter named ……………………………………….…………… …... to be filmed as part of the In The Bin Education Program.

………………………………………………………… …….…………………………….…………….
Signature   Date

Gladstone Region In the Bin is supported by the Gladstone Region Regional Arts Development Fund (RADF), a Queensland Government and Gladstone Regional Council partnership program to support local arts and culture.

Participant's Medical Information

Are there any medical sensitivities (ie. allergies, religious beliefs etc.) that would impact on any potential medical treatment? **YES/NO.** If yes, please list:

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Please list any past or present illnesses or conditions and medications, which may affect ability to participate in the Workshop program:

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INDEMNITY RELEASE

Warning: Risks Associated with Workshop Activity

1. The In the Bin workshop program ("Program") of is not considered dangerous in itself. Nevertheless, as with any recreational activity, nobody can guarantee that it is free of any risk of injury or damage, direct or consequential.

Disclaimer

2. Neither In The Bin, Gladstone Arts Council, Gladstone Area Apprentices Limited (GAGAL), Queensland Alumina Limited or Gladstone Regional Council ("Presenters") nor their representatives accept responsibility at law for the safety, health or security of:
a) Participants or persons attending the program, or property in their possession or under their control;
b) Persons who might be consequentially affected if a participant or a person attending the Program suffers injury or damage, e.g. a Dependant.

Voluntary Assumption of Risk

3. I have read, and I understand, the above warning and disclaimer.
4. I understand that neither attendance at, or participation in the Program is free of risk.
5. Despite any risks, I voluntarily consent to the participant attending and participating in the Program.
6. I voluntarily accept all risks of attending or participating in the Program, and all risks of injury and damage that may be suffered as a direct or indirect consequence of attending or participating in the Program.

Release and Indemnity

7. I give the following release and indemnity in return for the Presenters and their representatives
a) allowing me to attend or participate in the Program;
b) allowing the Participant to attend or participate in the Program; and in return for the representatives:
c) assisting me while I attend or participate in the Program; and
d) assisting the participant at my request (hereby made) while he/she attends or participates in the Program.
8. I release the Presenters and each of their representatives from responsibility or liability to me for injury and damage, that I sustain, directly or indirectly:
a) when or as a consequence of attending at or participating in the Program;
b) as a consequence of the participant suffering injury or damage when or in consequence of attending or participating in the Program, irrespective of how the injury or damage occurs.
9. I undertake to indemnify Presenters and each of their Representatives against all loss and expense incurred through being held liable to the participant, to me, or to any dependant of the participant or of mine, because of:
a) Injury or damage, that I suffer, or that is suffered by any person in my care, custody or control;
b) Damage to property in my possession or in the possession of any person in my care, custody or control,
   where the injury or damage, results directly or indirectly from:
   my attendance or participation in the Program;
   the Participant attending or participating in the Program.
10. In this document:
a) "Damage" means damage or loss;
b) "Dependant" means a parent, guardian, spouse or dependant;
c) "Injury" means illness, injury, adverse physical reaction, or death;"Participant" means the person intending to participate in the Program, "Representative" means employee, contractor and voluntary assistant.

PARTICIPANT NAME: _____
(Please print)

SIGNATURE: _____**DATE:**_____
(Parent or guardian must sign if participant is under 18 years of age)

PARENT/GUARDIAN NAME: _____
(Please print If applicable)

CONSENT FORM
Film, Photographic, Internet, Communication Release

Surname:_____Given Names:_____

Date of Birth:_____Phone:_____

Email:_____

Home address: _____

Photographic/Video/Audio/Communication Release
I authorise *In The Bin Film Festival* to take and use any photographs, video or sound recordings of myself/the child's likeness ("the material"), either in full or part, in conjunction with any wording or visual effects, in any In The Bin Film Festival productions, publications or presentations.

I authorise the Presenters and those acting with their authorisation and authorise the right and permission to copyright, use, and/or publish photographs and/or video of the participant in promotional materials, which include videos, magazines, newspaper articles, brochures and internet web sites.

I acknowledge that I have/the child has no rights in the material nor in a publication, production or presentation that includes the material.

Authorise
I authorise the Presenters *to* take the actions indicated above.

Signature of participant:_____Date:_____

Where the participant is a child: (child is defined as any person who is not yet 18 years)

Full name of child's parent or guardian:_____

Signature of child's parent or guardian:_____

Date:_____

This consent form will be placed on file and retained by the Presenters. If requested a photocopy of the form will be made available to the participant and/or the participant's parent or guardian. The Presenters respect your privacy. Personal information we collect is used only for internal activities and functions and will not be disclosed to third parties unless required by law.

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