

Event Participation Waiver with Parental Consent

Hopeful Hearts Community Group-Leeds

1. Event details

Event name: Maternity Stream Launch — Well-being Event with Professionals

Date and time: [Date and Time]

Venue and meeting point: [Venue and Address]

Organiser contact: [Name], 07518 279913, Hopefulheartscommunitygroup.uk@gmail.com

This form should be completed by each adult participant and, for every participant under 18, by their parent or legal guardian. Please complete a separate child details section for each child.

2. Activities and risks

The event may include indoor and outdoor activities such as crafts, games, refreshments, walks and other outdoor activities. Activities may involve ordinary risks, including slips, trips and falls; uneven or wet ground; changing weather; contact with other participants; use of craft materials or equipment; and risks associated with food, drinks or allergies. The specific risks will depend on the activities and conditions on the day.

Participants should take reasonable care, follow safety instructions, tell an organiser about any concern, and stop an activity if they feel unsafe or unwell. The organiser may change, pause or cancel an activity where it considers this necessary for safety.

3. Adult participant acknowledgement

I confirm that:

- I have read and understood the information about the event and its activities.
- I understand that participation involves ordinary risks, including those described above.
- I will take reasonable care for my own safety and the safety of others, follow reasonable instructions, and tell an organiser about relevant medical needs or safety concerns.
- I have provided accurate and relevant health, allergy and emergency contact information below.

Adult participant's full name: [Full Name]

Phone number: [Phone Number]

Email address: [Email Address]

Emergency contact name and relationship: [Name and Relationship]

Emergency contact phone number: [Phone Number]

Relevant medical conditions, allergies, access needs or medication: [Details or "None"]

4. Parent or legal guardian consent for a child

Complete this section for each participant under 18.

Child's full name: [Full Name]

Date of birth: [Date of Birth]

Parent/legal guardian's full name: [Full Name]

Relationship to child: [Relationship]

Parent/legal guardian's phone number: [Phone Number]

Alternative emergency contact name and relationship: [Name and Relationship]

Alternative emergency contact phone number: [Phone Number]

Child's relevant medical conditions, allergies, access needs or medication:

[Details or "None"]

Instructions relevant to the child's care or safety:

[Details or "None"]

I confirm that I am the child's parent or legal guardian and that I consent to the child taking part in the event activities described in this form, subject to any information or restrictions I have provided above.

I understand that the group is not providing childcare. Unless the organiser has expressly agreed otherwise in writing, I or another responsible adult authorised by me must remain responsible for supervising the child throughout the event. I will ensure that the child follows reasonable safety instructions and will tell an organiser if I need to leave the child's supervision temporarily.

For a baby or young child, I remain responsible for the child's feeding, changing, handling and day-to-day care, including bringing any supplies or medication the child needs.

5. Emergency response

If an adult participant or child becomes ill or is injured, the organiser may contact the emergency contact named on this form and call emergency services where appropriate. I authorise the organiser to share relevant information from this form with emergency services or healthcare professionals when reasonably necessary to respond to an emergency. Where practicable, the organiser will try to contact the parent or guardian, but this will not delay an urgent call for help.

The organiser is not a medical provider and cannot guarantee that medical assistance will be available at the venue. Any medical assessment or treatment is for qualified healthcare professionals to determine.

6. Responsibility and liability

Participants and parents or guardians should take reasonable care and follow safety instructions. Nothing in this form removes or limits any legal rights or responsibilities that cannot lawfully be excluded or limited. In particular, nothing here excludes or limits liability for death or personal injury caused by negligence, or any other liability that the law does not allow to be excluded or limited.

To the extent permitted by law, the group is not responsible for loss or damage arising from risks inherent in the activities where it has taken reasonable care, or from a participant's failure to follow reasonable safety instructions. This does not affect any rights a participant or parent or guardian has under applicable law.

This form is not an insurance policy and does not replace the group's insurance. Participants and parents or guardians should not assume that their own personal belongings or individual needs are covered by the group's insurance.

7. Personal information

The group will use the information on this form to administer event participation, respond to health or safety needs, contact emergency contacts, and meet relevant safeguarding or legal responsibilities. Health information will be handled with appropriate care and shared only where reasonably necessary for these purposes or where required or permitted by law. Information will be kept and handled in accordance with the group's privacy arrangements and applicable data protection law.

For questions about this information or to request the group's privacy information, contact: **Hopeful Hearts Community Group-Leeds, Hopefulheartscommunitygroup.uk@gmail.com, 07518 279913.**

8. Declaration and signature

By signing below, I confirm that the information I have provided is accurate to the best of my knowledge. I understand that I can raise questions or concerns with the organiser before or during the event.

Adult participant's signature: [Signature]

Print name: [Full Name]

Date: [Date]

Parent/legal guardian's signature (for a participant under 18): [Signature]

Print name: [Full Name]

Date: [Date]