

**CATHOLIC DIOCESE OF BROKEN BAY**

**OVER 18's PARTICIPATION CONSENT FORM**

**BROKEN BAY DIOCESE PILGRIMAGE TO WORLD YOUTH DAY LISBON**



**CATHOLIC  
DIOCESE OF  
BROKEN BAY**

**21 July to 12 August 2023 – Travelling to Italy and Portugal OR**

**29 July to 12 August 2023 – Travelling direct to Portugal.**

Name: \_\_\_\_\_

Parish / School: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Current mobile: \_\_\_\_\_

Phone while  
travelling:  
  
\_\_\_\_\_

I \_\_\_\_\_  
(Name of participant)

Agree to the following:

**A. CONDITIONS OF PARTICIPATION**

1. That if I should bring or consume drugs or excessive alcohol, bully other participants, use offensive language directed towards other participants, or otherwise exhibit behaviour that seriously endangers themselves or others at or during any activity or related activities described above, and I am contacted by the Organisers accordingly, arrangements may be made for me to return home at my expense.

**B. CONSENT TO PROVISION OF MEDICAL ATTENTION**

2. In the event that the Organiser, by their servants or agents, is unable to communicate with me if I have been involved in an accident, injury or illness, the Organiser, by their servants or agents:
  - (a) may administer me first aid as is deemed necessary;
  - (b) may seek such medical or dental advice on my behalf;
  - (c) if, in the opinion of an attending medical or dental practitioner or medical officer ('health practitioner') I require medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion, or the performance of any surgical operation), I allow that health practitioner to give such attention or treatment; and
  - (d) may arrange for transportation, including Ambulance transportation, as is deemed necessary.
3. That the consent which I have given in **paragraph 3** is valid at all times while I am participating in the activity or related activities described above.

4. That I accept liability for all reasonable costs incurred by the Organisers in obtaining such medical assistance or treatment (including transportation costs) and undertake to reimburse the Organisers the full amount of those costs if incurred.
5. That I have identified any and all food allergies or medical conditions relevant to me in **Section D** below, '*Confidential Medical Disclosure*'.
6. That if I require an EpiPen, I must carry an EpiPen with me at all times and I consent to its use in circumstances identified by the Organisers as requiring its administration.
7. That if I require any specialist care, I will inform the Broken Bay WYD Coordinators prior to travel so they can arrange for a qualified person to accompany me during my participation in the activity or related activities described above.

**C. LIABILITY WAIVER**

8. That I waive any claims against, and release and hold harmless and indemnify the Organisers, its servants and agents, from and against all actions, costs, claims, charges, expenses, penalties, demands, damages, liability and causes of action whatsoever arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my participation in the activity or related activities described above.
9. I confirm that I have read and understand Sections A, B, C and D above prior to signing below.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

**D. CONFIDENTIAL MEDICAL DISCLOSURE**

10. The following information may help in the event of an accident/illness. Please complete this part of the form as accurately as possible. Failure to do so will severely limit the care that the Organisers can provide should the need arise. All information that you supply is held in confidence by the Organisers and is collected and used in the case of any medical treatment required or medical emergency involving you. Where practicable, we destroy the information collected under **Section D** of this form after it has served its purpose. Please see the Catholic Diocese of Broken Bay's Privacy Policy available on the website at [www.bbcatholic.org.au](http://www.bbcatholic.org.au), whereby the information provided in this form is collected and handled in accordance with the Catholic Diocese of Broken Bay's Privacy Policy.

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Blood type: \_\_\_\_\_

**Emergency Contact Numbers:**

<b>Contact 1 (Print Name)</b>	<b>Contact 2 (Print Name)</b>
<b>Relationship to you:</b>	<b>Relationship to you:</b>
<b>Email:</b>	<b>Email:</b>
<b>Home Ph:</b>	<b>Home Ph:</b>
<b>Mobile:</b>	<b>Mobile:</b>
<b>Work Ph:</b>	<b>Work Ph:</b>

<b>Doctor's Name:</b>	
<b>Doctor's Ph:</b>	
<b>Doctor's Address:</b>	

11. Do you have private health cover: **Yes / No**
12. Have you received a Tetanus vaccination within the last 10 years? **Yes / No**
13. Are you up to date with necessary immunisation schedule? **Yes / No**
14. Medicare Number: \_\_\_\_\_
15. Do you have ambulance cover: **Yes / No**
16. Do you wear contact lenses? **Yes / No**

17. Are you currently taking any form of medication?

Yes / No

If yes, please complete details below:

Medication	Dosage	Frequency	Medical purpose

18. Do you have any **mental health** concerns (diagnosed or non-specific eg anxiety, depression, ADHD, ASD)?

Yes / No

If yes, please specify:

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19. If you answered yes to question 17 – are you under the care of a treating medical specialist eg psychologist, counsellor, paediatrician?

Yes / No

*If yes, please attach a current treatment plan.*

20. Do you suffer from any **disability**?

Yes / No

If yes, please specify:

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21. Do you suffer from any **allergies**?

Yes / No

If yes, please specify:

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*Please attach a current treatment plan if applicable.*

22. Do you require an Epipen?

Yes / No

*If yes, please attach a current treatment plan.*

23. Do you suffer from **asthma**?

Yes / No

*If yes, please attach a current treatment plan.*

24. Do you suffer from **diabetes**?

Yes / No

*If yes, please attach a current treatment plan.*

25. Please specify any other disabilities, allergies or conditions that may require special care while away.

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26. Do you have any special dietary requirements? **Yes / No**

If yes, please specify:

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27. Your swimming ability is (please check one)

Strong – 50 m unaided     Average – 25 m unaided     Poor – 10 m unaided     Non-swimmer

28. I understand that the information I provide in **Section D** of this form will be handled in accordance with the Catholic Diocese of Broken Bay's Privacy Policy and the Privacy Act 1998.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

**E. CONSENT TO PHOTOGRAPHY/RECORDINGS**

I, \_\_\_\_\_ (name) agree to the following:

1. I may be filmed and photographed when attending events or activities conducted by the Diocese of Broken Bay or in connection the WYD Pilgrimage to Italy and Portugal.
2. My name and age as well as audio and visual recordings of me (Recordings) may be reproduced and communicated by or on behalf of the Diocese in connection with the Diocese and the broader Catholic community in any media;
3. All intellectual property rights, including copyright, in the Recordings are owned by the Diocese (or its representatives) and any intellectual property rights that I may have in the Recordings are fully assigned to the Diocese; and
4. The Diocese may collect my personal information to promote the activities of the Diocese and disclose that information to its authorised nominees for that same purpose.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_