



HEALTHY TASMANIA

FAMILY INSURANCE WAIVER

PROGRAM		LOCATION		SESSION	
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PARENT / GUARDIAN 1 SECTION					
GIVEN NAME/S				GENDER	
SURNAME					
POSTAL ADDRESS					
SUBURB				POSTCODE	
EMAIL					
TELEPHONE				DATE OF BIRTH	
SIGNATURE				DATE	
DO YOU HOLD A HEALTHCARE CARD?	PLEASE CIRCLE	YES	NO		

PARENT / GUARDIAN 2 SECTION					
GIVEN NAME/S				GENDER	
SURNAME					
POSTAL ADDRESS					
SUBURB				POSTCODE	
EMAIL					
TELEPHONE				DATE OF BIRTH	
SIGNATURE				DATE	
DO YOU HOLD A HEALTHCARE CARD?	PLEASE CIRCLE	YES	NO		

CHILDREN SECTION					
1	NAME OF CHILD		GENDER		DOB
2	NAME OF CHILD		GENDER		DOB
3	NAME OF CHILD		GENDER		DOB
4	NAME OF CHILD		GENDER		DOB
5	NAME OF CHILD		GENDER		DOB
6	NAME OF CHILD		GENDER		DOB
7	NAME OF CHILD		GENDER		DOB

Please indicate overleaf any medical conditions or allergies that instructors should be aware of.

TO: HEALTHY TASMANIA PTY LTD

I understand and agree that I participate in this initiative entirely at my own risk. I am aware of the risks involved in participating (including any specific to health and or physical condition) and I voluntarily assume all risks associated with my participation. I accept that Healthy Tasmania Pty Ltd its employees, agents and partner organisations exclude all liability whatsoever for any death, personal injury or damage to property that I suffer as a result of participating whatever the cause. I forever fully release Healthy Tasmania Pty Ltd including its employees, agents and partner organisations from any such liability and I waive any present or future rights that I may have against them in relation to any such death, personal injury or damage to property. I understand that to "participate" means my participation in this healthy lifestyle initiative.

Consent relating to collection of personal and health information.

The personal and health information on this form is being collected by Healthy Tasmania Pty Ltd. Your Information will be used by Healthy Tasmania Pty Ltd for the following purposes; future initiative promotion, project evaluation, assisting you in the event you require medical attention during participation. Your information will be disclosed to instructors and event organisers only to make them aware of any medical requirements or conditions which may assist them in conducting the activity. De-identified data and statistics collated from the information provided by you on this form will be provided to partners and funding bodies for analysis to ensure the programs are meeting the intended objectives. Failure to provide the requested information may result in your participation in the initiative being denied. By registering you consent to the use and disclosure of your personal and health information for the identified purpose for which it is collected. Your information may be disclosed to third parties without your consent where it is reasonably necessary to lessen or prevent a serious threat to my life, health, safety or welfare or where disclosure is required by law.

All personal and health information will be managed in accordance with the Personal Information Protection Act 2004. For more information on how your information is being used please contact Healthy Tasmania www.healthytasmania.com.au

Photographs and images

Photographs and other recorded images of you participating in this activity may be used by Healthy Tasmania Pty Ltd (in any form of media) for activities associated with or incidental to this initiative including promotion. By registering you consent to the use and disclosure of those images, including any disclosure outside Tasmania and without any form of payment to you.



HOW TO REGISTER ELECTRONICALLY:

Sign up now for this program with the I'm In by Healthy Tasmania phone app available on iOS and Android.

Fill in your details then register at each session by scanning your phone (QR Code) with the session coordinators phone. Step by step process available at www.activelaunceston.com.au



PARTICIPANT BACKGROUND HEALTH INFORMATION

PLEASE MAKE A NOTE OF WHICH SPECIFIC FAMILY MEMBER INFORMATION RELATES TO

1. CHRONIC HEALTH CONDITIONS (I.E. DIABETES, CANCER, OBESITY)?	PLEASE CIRCLE YES NO	PLEASE BRIEFLY DESCRIBE:	
2. ANY OTHER MEDICAL CONDITIONS THAT THE PROGRAM FACILITATOR/INSTRUCTOR SHOULD BE MADE AWARE OF?	PLEASE CIRCLE YES NO	PLEASE DESCRIBE:	
3. ALLERGIES TO ANY MEDICATIONS IN THE CASE OF AN ACCIDENT?	PLEASE CIRCLE YES NO	PLEASE LIST:	
4. IN CASE OF AN ACCIDENT WHO SHOULD WE CONTACT (NEXT OF KIN)?	NAME		PHONE NUMBER
5. WHERE WERE YOU BORN?			
6. WHAT LANGUAGE/S DO YOU SPEAK AT HOME?			
7. ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?			
8. IN A TYPICAL WEEK, DO YOU MEET THE AUSTRALIAN PHYSICAL ACTIVITY GUIDELINES AS OUTLINED BELOW?	PLEASE CIRCLE YES NO	COMMENT:	

1-5 year olds = Toddlers (1 to 3 years) & Pre-schoolers (3 to 5 years) should be physically active every day for at least three hours, spread throughout the day.

5-12 year olds = A combination of moderate and vigorous activities for at least 60 minutes a day is recommended.

12-18 year olds = At least 60 minutes of physical activity every day is recommended. This can be built up throughout the day with a variety of activities. Physical activity should be done at moderate to vigorous intensity.

Adults = Put together at least 30 minutes of moderate-intensity physical activity on most, preferably all, days of the week. You can accumulate your 30 minutes (or more) throughout the day by combining a few shorter sessions of activity of around 10 to 15 minutes each.

Department of Health Physical Activity Guidelines: tiny.cc/hexy7w