



**Boonah District Chappy Challenge 2017**

**Privacy**

Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administrate your involvement in our program. We are careful to keep your information confidential, and provide it only to those agents acting on behalf of SU QLD who need it to enable them to perform their agreed activities (e.g. First Aid officer). We will not use your information for other purposes. You are welcome to contact our office or visit [www.suqld.org.au](http://www.suqld.org.au) in relation to issues regarding your personal information and for a copy of our Privacy Policy. We only ask for information that is necessary for the purposes outlined in this statement. In some circumstances if you don't provide us with all requested information you could miss the opportunity to be involved in our program.

**Your Agreement with Scripture Union Queensland**

I am aware in agreeing to this document for my participation in this program that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers may exist in the activities in which I will be participating. I acknowledge that while Scripture Union and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Scripture Union, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

- I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
- I further authorise qualified practitioners to administer anaesthetic if required.
- I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
- I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
- I confirm that the information contained in this application is true and correct.
- I agree to inform the leader of any change to these details.
- I understand that failure to adhere to instructions given by Scripture Union Queensland or its representatives, may result in being escorted from the event and venue I understand that Scripture Union Queensland will take all responsibility and care whilst I am at the event and that Scripture Union Queensland or its representatives will not be liable in any injury or accident, or for damage or loss of property. I give my consent for and agree to pay for any necessary medical treatment.

Please circle event:-

35 / 60 / 95 KM Cycle      5km Run / Cycle      10km Run / Cycle      Children's Run / Cycle

Competitor Name:.....

Signature: .....

**OR**

Parent Signature if **Under 18**:.....