**Strong Spirits Participant Registration Form**

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| **PARTICIPANT DETAILS (OVER 16 YEARS)** | |
| **Full name** |  |
| **Pronouns** |  |
| **Date of birth** |  |
| **Mobile number** |  |
| **Email address** |  |
| **Postal address** |  |
| **Do you identify as Aboriginal or Torres Strait Islander?** |  |
| **Do you have any accessibility requirements?** |  |
| **Do you have any dietary requirements or food allergies?** |  |
| **Emergency contact name** |  |
| **Emergency contact number** |  |

**More information**

If you would like more information about Strong Spirits or have any questions or concerns at all, please do not hesitate to contact either Lily Bourke on 0418 667 612 or lbourke@bethany.org.au.

**Photo consent**

We hope to document and celebrate the Strong Spirits program by taking and sharing photos. Please indicate below if you consent to your photo being taken. Contact Lily if you have any questions about the use of photography in this program.

Lily Bourke: T: 0418 667 612 E: [lbourke@bethany.org.au](mailto:lbourke@bethany.org.au)

I, ………………………………………..…... give my permission for my photograph to be taken during the Strong Spirits program and related events. I give the partners involved in this program (Bethany Community Support, Brophy Youth Services and Warrnambool City Council) to use the photographs or videos taken of me for internal use AND/OR on social media.

I understand:

* my participation is voluntary and I will not be eligible for any financial compensation or royalties related to the use of this image/video; and
* that information shared to social media platforms such as (but not limited to) Facebook, LinkedIn, Instagram and Twitter is available publicly and may be stored on overseas servers. Bethany does not have control over how that information is stored or handled by social media platforms or by others who view that information.

Signed: ……………………………………………………………………...........................

Print Full Name: ………………………………………………………….............................

Date: …………………………………………………