
MEDIA & MARKETING CONSENT FORM

1. INFORMATION FOR THE PARTICIPANT

What is the reason for this consent form?

The consent form, when completed and signed by the child and his/her guardian, will authorise Hamilton Netball Association Inc. to take photographs, collect comments, and film/video footage for promotional purposes.

These may be used for:

- media releases
- printed publications (Newsletters, magazines, advertising, brochures, display materials, etc)
- electronic communications (website, PowerPoint presentations for promotional use, etc)

Who should sign the consent form?

Children must have their forms signed by their parent/guardian **AND** the child.

Please note: While HNA will make all reasonable efforts to ensure that only appropriately authorised persons complete the consent form and sign the authorisation in section 3, Hamilton Netball Association Inc. will not be responsible for circumstances in which it is misled as to the identity and authority of that person.

Why are names, suburbs, ages and activities/achievements disclosed?

News editors select the stories they will promote according to a number of factors, including the relevance or connection of the people involved in the media release with the readership or audience of their particular publication or program.

Including this information in media releases and website pages also helps to market Hamilton Netball Association Inc..

What happens to the consent form once it is completed and signed?

The consent form will be placed on file and retained by Hamilton Netball Association Inc.. If requested, a photocopy of the form will be made available to the child and the child's parent or guardian.

For how long is the consent valid?

Consent will be considered valid unless otherwise specified on the signed form or withdrawn in writing by the parent/guardian or child. To allow the association to contain the costs of new photography and marketing materials, consent is sought to continue using the images and comments after the child has left the association.

PLEASE COMPLETE SECTIONS 2 - 4

2. PHOTOGRAPHIC/VIDEO/AUDIO/COMMUNICATION RELEASE

After reading section 1 which explains the purpose of this release, I authorise Hamilton Netball Association Inc. to take and use any photographs, video or sound recordings of me/my child and reproductions or adaptations of my/his/her likeness ('the material'), either in full or part, in conjunction with any wording or drawings, in any Hamilton Netball Association Inc. publication, production and presentation, including electronic/internet marketing materials for the purpose of promoting HNA and its programs in a positive manner.

I consent for these words, drawings, photographs, video or sound recordings and reproductions or adaptations to be used after I have/my child has left the HNA.

Yes

No

3. CHILD DETAILS

Full Name: _____

Signature

Date

I consent for the following details about my child to be disclosed in the information supplied in media and marketing (*please tick*):

Full Name

Suburb/Town

Age

Achievement/involvement in activities

4. PARENT/GUARDIAN DETAILS

Full Name: _____

Signature

Date

Relationship to Child: _____

MEDICAL INDEMNITY & CONSENT FORM

I hereby consent to the provision of the following health information for Hamilton Netball Association records and to use in the event of injury, illness or emergency, if required.

Hamilton Netball Association requires the information requested below for use in relation to the Hamilton Junior Netball Competition. Your personal information will only be used in the event of injury, illness or emergency, if required. Your details will be disclosed to the following Association personnel: Association Secretary, Team Coach and Team Manager. You will be able to access your personal information through Hamilton Netball Association upon reasonable notice.

NAME: _____

ADDRESS: _____

D.O.B. / / AGE: _____ VNA NO. _____

MEDICARE NUMBER _____

Private Health Insurance Company _____ Number _____

Ambulance Member Number _____

Existing Medical Conditions/All Conditions/Injuries/Allergies _____

Regular Medication: _____

Next of Kin (1) _____ Contact Phone No _____

Next of Kin (2) _____ Contact Phone No _____

CONSENT: I understand that the Hamilton Junior Netball Competition will be played under the

rules as set by Hamilton Netball Association in accordance with Netball Victoria guidelines. I also understand that netball is a limited contact sport and that there is a risk of injury involved in playing netball. I authorise any official from Hamilton Netball Association in charge of the Hamilton Netball Event/Competition/Program, in the event of any injury or illness, to obtain on my behalf and at my expense any medical assistance, treatment and transportation as deemed necessary.

INDEMNITY: Except where provided or required by law and such cannot be excluded, I agree that Hamilton Netball Association and its respective directors, officers, members, servants or agents are absolved from all liability however arising from injury or damage to me, however caused, arising whilst participating in the Hamilton Junior Netball Competition.

I have read, understood and agree to the above terms. I warrant that all information provided is true and correct.

Signed (player if over 18) _____ Date / /

I have read, understood and agree to the above terms and I personally consent to the application of my child. I warrant that all information provided is true and correct.

Signed (Parent/Legal Guardian) _____ Date / /