Parental/Guardian Release & Media Consent

Child's Details

Full name: _____

Date of Birth (DD/MM/YYYY): _____ / _____ / _____

Address: _____

City: _____ State: _____ Post Code: _____

Parent/ Guardian Details

Full name: _____

Relationship to Child: ☐ Parent ☐ Legal Guardian

Phone number: _____

Email: _____

Event Details

Event name: _____

Event Location: _____

☐ This is a recurring event. My consent applies to the current calendar year.

☐ This is a one-off Event. Start Date: _____ End Date: _____

Participation Release

I, the undersigned parent/legal guardian of the above-named child:

Consent to my child's participation in the above ADG-sanctioned event.
Acknowledge that disc golf involves physical activity and some risk of injury.
Release and discharge Australian Disc Golf Inc., its officers, volunteers, and event organisers from any liability, claim, or demand relating to my child's participation, except where caused by gross negligence or unlawful acts.

Supervision and Approved Adult

I acknowledge that:

- My child must be supervised at all times by myself, my legal co-guardian, or an Approved Adult I nominate.
- If I am not present for any part of the event, the following Approved Adult will supervise my child:

Approved Adult Name: _____

Relationship to Child: _____ Phone:_____

Media Consent

By allowing my child to participate in this event, **I GIVE permission** for my child's image/video to be captured and published for promotional purposes by ADG and event organisers.

Parent/ Guardian Declaration

I declare that:

- The information provided is true and correct.
- I have read and understood the ADG Supplementary Safeguarding Children & Young People Policy.
- I will comply with all supervision requirements.

Signature: _____ Date: ____ / ____ / _____

Printed Name: _____