



Festival of Agility 2018

NSW JUNIOR HANDLER NOVELTY EVENT PARENTAL CONSENT

Name of Parent/Guardian: Mob: email:

DOGS NSW Membership No.:

Name of Child: DOB Mob:

DOGS NSW Membership No. (if applicable)

Relevant Medical & Dietary Information (Asthma, diabetes,allergies etc)

Name of Child's Doctor.....Telephone.....

Consent

By signing this form(below) I agree that

- I have read all of the relevant information on *the Festival of Agility Junior Handler Novelty event* and agree that my child will abide by the rules and regulations
- I give my consent for my childto participate in the *Festival of Agility Junior Handler Novelty event at the Dogs NSW Facility, Luddenham Rd, Orchard Hills NSW, on Saturday 8th and Sunday 9th September, 2018*
- I undertake to transport her to and from the event and be responsible for her welfare at all times
- In the event of an accident or illness any medical assistance or treatment my child may reasonably require can be provided including contacting my child's doctor
- In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of Dogs NSW Agility Committee
- I also consent to my child being photographed and/or visual images of my child being taken during the activities for use in publications, website or for publicity purposes
- I have provided all relevant details of my child's medical and physical needs

PARENT/GUARDIAN NAME

(PLEASE PRINT)

SIGNATURE

DATE