



**Malvern Theatres Workshop**  
**Participant Consent Form**

**TITLE OF WORKSHOP:** \_\_\_\_\_ **DATE OF WORKSHOP** \_\_\_\_\_

**Participant name\***

**D.O.B**

**Address\***

**Telephone\***

**Email\***

**Emergency Contact\*  
Name and Phone Number**

**\*Please list any medical details that we should be aware of.**

**Do you give permission for YOURSELF / YOUR CHILD to be taken to hospital in the event of an emergency?**

YES	NO	(Please circle)
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**If you would like to receive general email information about the Take Part programme, including events and workshops, please tick here:**

**For the purposes of our brochures, websites and documentation of the project, Malvern Theatres requests your permission to take photos during some classes and workshops. Please sign below if you are happy to feature in photographs.**

I .....(name), agree to photos of **myself/my child** being taken and used for the purposes stated above.

Signed..... Date.....

**This information will not be passed to any other organisations and will solely be used to provide essential information about the specific class/workshop you are attending.**

**Please return to:**

[bridget@malvern-theatres.co.uk](mailto:bridget@malvern-theatres.co.uk)

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