



Malvern Theatres Workshop

Participant Consent Form

TITLE OF WORKSHOP: _____ DATE OF WORKSHOP: _____

PARTICIPANT NAME* _____ Age _____ D.O.B _____

ADDRESS*

Telephone* _____ Mob _____ Email* _____

Emergency Contact*

NAME: _____ Phone Number: _____

Mobile: _____ RELATIONSHIP TO PARTICIPANT: _____

PLEASE LIST ANY MEDICAL DETAILS/CONDITIONS WE NEED TO BE AWARE OF.

Do you give permission for **YOU / YOUR CHILD** to be taken to hospital in the event of an emergency? **YES**
/ **NO** (Please circle)

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** _____ (child's name) being taken and used for the purposes stated above

Signed _____ Print Name _____

Date _____

If you would like to receive general email information about the Take Part programme, including events and workshops, please tick here: ()

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 your form to: rhiannon@malvern-theatres.co.uk ahead of the workshop.

Rhiannon Williamson, E&CL Dept, Malvern Theatres, Grange Road, Malvern, Worcestershire. WR14 3HB

01684 580943