

Participant Application Form

DARE Adventure Race 2019



14TH AND 15TH JUNE 2019

MEMBER NAME INFORMATION

Family Name

First Name

Birth Date

Male Female

Nationality

Phone Number

PARENT/GUARDIAN INFORMATION

(also Emergency Information)

Family Name

First Name

Relationship to Student

Home Address

Post Code

Country

Phone 1

(include country code)

MEDICAL INSURANCE

Yes No

All participants at DARE Adventure Race must be in possession of their own medical insurance policy prior to attending. In addition, it is advisable to obtain an accident insurance policy. Students from Austria can use their E-Card, whilst students from within the EU may use their European Health Insurance Card (EHIC) for obtaining medical care (some services require payment; parents are advised to check the detail from the issuing country). Students from outside the EU must have private medical and dental insurance.

Do participants helicopter insurance?

Yes No

Do the participants made a health check?

Yes No

GENERAL

Is the participant afraid of heights?

Yes No

If yes, please fill out the name:

Can the participant cycling?

Yes No

If no, please fill out the name:

Can the participant swim?

Yes No

If no, please fill out the name:

MEDICAL QUESTIONNAIRE

Does your child suffer, or has suffered from any of the following? Please give details where necessary.

Asthma Yes No

Fits or fainting Yes No

Severe/recurring headaches Yes No

Diabetes Yes No

Allergies to medicines or other (incl. hay fever) Yes No

Does your child require additional psychological or learning support Yes No

IMMUNISATIONS

It is recommended that residents within the Salzkammergut region of Austria receive the immunisation against TBE (FSME). See www.who.int/ith/diseases/tbe/en or www.zecken.at for more information.

Is your child immunised against Tetanus, Diphtheria, Polio and Pertussis; please ensure boosters are given when required. Yes No

Is your child immunised against TBE? Yes No

INFECTIOUS DISEASE OUTBREAK

In the event of an outbreak of Pandemic Flu or other infectious disease StGIS will follow national and international health advice regarding immunisation and treatment. Parents will be contacted with more information in the event.

ADMINISTRATION OF HOMELY REMEDIES

Homely Remedies are medicines and treatments that can be bought 'over the counter' from a pharmacy, without needing a prescription. The School Doctor has approved paracetamol tablets, anti-inflammatory gel, throat lozenges, herbal cough medicine, bite/sting relief gel, and anti-diarrhoeal probiotic agent (Bioflorin).

I consent to my child receiving homely remedies Yes No

CONSENT TO EMERGENCY CARE (INCLUDING ANAESTHETIC)

StGIS will make every effort to contact parents in the case of a child requiring emergency medical or surgical intervention. In the event of parents not being reached, or an emergency where a decision to treat must be made immediately, the accompanying member of staff may be required to give consent for treatment, including an anaesthetic. The School will act In Loco Parentis in these emergencies.

I authorise StGIS to give consent for emergency care for my child during their duration as a student at the DARE Adventure Race. Yes No

EXEMPTION OF LIABILITY AND INSURANCE

I agree to the organisers' terms appertaining to this event.

In the case of my participating in this race, I accept that the organiser is not liable for damages of any kind, including theft and damage to property. I will not make any claims against the organisers and sponsors of this race or their representatives for damages or injuries of any kind which could result from my participation in this event.

I confirm, I have personal insurance cover and agree to follow any instructions given by the police and/or race marshals.

I declare that I have trained to the correct standard to take part in this competition, that I am physically healthy and that my physical condition has been confirmed by a doctor.

I confirm that my stated year of birth is correct and that my starting number will not be passed on to any other person. I acknowledge that, in the event of my breaching any of the above-stated obligations, the event organiser reserves the right to exclude me from participating.

Those unable to take part in the event will not be able to cancel their registration and will have no claim to a refund of amounts paid.

The event will go ahead in any weather condition.

The promoter has the right, for any reason whatsoever to modify the event or, in the event of matters of a serious nature eg natural catastrophe, to cancel it. In this case, there is no right to a refund of entry monies paid and no liability for the promoter to pay compensation to any participant.

DATA PRIVACY CONSENT DECLARATION

I consent to my personal data as gathered on the event application form (including, but not limited to, Name, Date of Birth, contact details, next-of-kin, and relevant medical / health information etc.) being collected, stored and transferred as necessary to ensure the efficient, effective and safe running of this event. I understand that all personal data will be deleted after the event, except that data necessary for event followup (for example, name and contact information); which will include email circulations with information relating to similar events in the future.

By completing the check-boxes below, and signing this declaration, consent is provided for the use of photographs, moving images (videos) and other digital media for the purposes detailed:

	Concent
In-house communication (internal): In school displays, publications and other media.	<input type="checkbox"/>
Print (external): Publications, including school brochures, leaflets, posters and other marketing material.	<input type="checkbox"/>
Online (external): The school website, social media platforms and other internet based / online services (including banner feeds on third-party websites).	<input type="checkbox"/>
Out of home (external): Advertising purposes such as large scale 'bill-board' style displays, cinema advertisements, and events.	<input type="checkbox"/>
Public relations (external): Media publications, such as press releases to newspapers, magazines or other print / digital media outlets.	<input type="checkbox"/>

CONDITIONS OF USE (PHOTOGRAPHS ETC.)

- We will not use or associate personal details (first name and surname) with any materials published.
- If we use photographs of individual pupils, we will not use the name of that child in any accompanying text; equally, if we name a pupil in text, we will not use an individual photograph to accompany the article.
- We will apply general labels (such as 'DARE Adventure Race') to group or race photographs.
- Websites, social media, and other online publications are available globally, and not just in the EU (where the European law applies).
- Historic photographs and other media may remain on the school website, social media platforms, in brochures and other publications.
- You have the right to withdraw consent at any time by contacting the school directly (a written request will be needed). If this case, photographs and other media will not be used in future publications but may continue to appear in publications already in circulation (for example printed brochures).
- This form is valid indefinitely from the date of signature.

DECLARATION

I declare that the information given in this application form is accurate. I understand that my child's place may be withdrawn if this information is false or inaccurate. I agree to the conditions of acceptance and programme expectations outlined in the DARE Adventure Race information letter. I understand that StGIS DARE Adventure Race reserves the right to withdraw a student due to behaviour which is considered inappropriate or in violation of the programme expectations. Such event will result in the withdrawal of any offending participant immediately without refund of any portion of the DARE Adventure Race Camp fee. I understand that payment is non-refundable under any circumstance.

WHAT TO DO NEXT

Email completed form to: t.kukla@stgis.at

Name and Signature of Parent or Guardian

Name and Signature of the participant

Date

Date



**St. Gilgen
International
School**
SALZBURG | AUSTRIA

