



Event Registration Form



Event Name _____

Event Date/s _____

Participant Name _____

Phone (Home) _____ Phone (Mobile) _____

Email Address _____

if Under 18 yrs: Age _____ Parent/Guardian Name _____

Do you have any medical conditions that we should be aware of? _____

Emergency Contact

Name: _____ Relationship: _____

Contact ph: _____

I hereby agree to indemnify Devonport City Council, its Councillors, employees, volunteers, servants and agents from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against them, or any of them, arising from myself or my child/children participating in this activity related to my own or my child's/children's negligent acts, errors or omissions.

I hereby give permission for Devonport City Council to use my / or my children's photographic image/ footage/interviews or adaptations for use in media stories/advertising material/publications/reporting relating to Devonport City Council, for no additional payment to me.

Signature of Participant or Parent/Guardian (if under 18yrs):

_____ Date _____

Address for Tax Receipt Purposes _____

Office Use Only - Receipt Number _____ (#78) Date _____



For more information, please contact
Devonport City Council on
6424 0511 or **council@devonport.tas.gov.au**

