



### CONSENT FORM & WAIVER OF LIABILITY

- I understand Pacific Health Service Hutt Valley will be taking photos/videos that may also be used for promoting the organisation's services and programmes through social media platforms (i.e. website, Facebook, Instagram) or community presentations.

ONLY COMPLETE BELOW SECTION IF YOU ARE A PARENT OR GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18:

- I attest that I am in fact the parent or legal guardian of the above-named participant and am legally authorized to sign on the participant's behalf. I hereby give my approval to this child's participation in the PSHV Men's Health Walk. I assume all risks and hazards incidental to such participation, liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever arising out of or connected with my child's participation in the PSHV Men's Health Walk. I consent to the foregoing and grant permission for my child to participate in the PSHV Men's Health Walk. I attest that if my child, the above-named participant, is under fourteen (14) years of age as of the date of the PSHV Men's Walk, he or she will be accompanied by an adult eighteen (18) years of age or older throughout his or her participation in the PSHV Men's Walk.

I acknowledge that I am over 18 years, have read and understood this consent, and that I have signed it knowingly and voluntarily.

Child's Full Name: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_