

Parent/Guardian/School proof of approval for Under 18s

COMPLETE THIS FORM AS PROOF THAT YOU HAVE PERMISSION TO PARTICIPATE IN WORLD'S GREATEST SHAVE FROM YOUR PARENT/ GUARDIAN AND SCHOOL.

First Name: _____ Last Name: _____

School name: _____

Mailing Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact phone: _____ Email: _____

Date of birth: _____

Will you be shaving or colouring _____ On (date) _____

Waiver: In confirming my registration (participant) for World's Greatest Shave (campaign), I acknowledge that I understand the activities and risks involved in participating. Certain risks or dangers may occur which may include, amongst others: bodily or psychological injury, defect, failure or inadequacy of equipment associated with activities such as shaving, cutting, colouring and or waxing, changing weather conditions and environmental dangers and the possibility of accident or illness requiring the assistance of medical and rescue services which many not be readily available. I acknowledge and agree, in consideration of permission to participate in the activities, to release and indemnify the Leukaemia Foundation (organiser), its officers, employees and volunteers and all sponsors (be they individuals or organisations, singularly or collectively) from and against all liabilities, claims, damages, suits, expenses, causes of action, injuries, losses or inconvenience of any description whatsoever arising in any way from my participation in the activities. I agree to ensure that any fundraising I undertake for World's Greatest Shave will follow the Leukaemia Foundation's Fundraising Guidelines and will comply with any relevant federal, state or local legislation. The Leukaemia Foundation reserves the right to withdraw your authority to fundraise at any time if your fundraising activities could harm the image or reputation of the Leukaemia Foundation. If you wish to conduct additional fundraising activities other than receiving donations through the personal fundraising page provided, please contact us to arrange an authority to fundraise letter to cover your full fundraising activity. I confirm that I am over the age of eighteen (18) years, or, if I am under the age of eighteen (18) years I have obtained permission to participate from my parent / guardian. I also give permission for the free use by the Leukaemia Foundation of my name, image and voice in any broadcast, or any other account on social media, the World's Greatest Shave website or any media, of World's Greatest Shave. We will use your personal information for the purposes of the Event (including communicating with you and sending you information about the Event through various platforms including email, SMS, Facebook, Instagram, Twitter and other social media platforms), re-marketing to you after the Event, for other purposes explained in our Privacy Policy or as the law permits. You can unsubscribe or modify your preferences for how and when you are contacted at any time via the respective platform or by contacting Leukaemia Foundation at leukaemia.org.au/about-us/contact-us/.

I hereby grant permission for the person named above to participate in Leukaemia Foundation's World's Greatest Shave 2021

Parent or guardian to sign below

Name _____

Signature _____ Date _____

AND Representative of school to sign below

Name _____ Position held _____

Signature _____ Date _____

Comments _____

KEEP THIS FORM IN A SAFE PLACE AS PROOF YOU HAVE PERMISSION.

(You don't have to return it to the Leukaemia Foundation. Now you can sign up to take part at worldsgreatestshave.com)