

Event Participation Consent Form

This **event participation consent form** is designed to ensure the safety and well-being of all attendees by collecting essential health and consent information. Please complete all sections clearly and honestly.

1. Participant Details

Full Name:

Date of Birth:

Contact Number:

Email Address:

2. Emergency Contact Information

Emergency Contact Name:

Emergency Contact Number:

Relationship:

3. Health Declaration

Do you have any existing medical conditions or allergies? (Please specify):

Are you currently taking any medication? (Please specify):

Have you experienced any symptoms of illness (e.g., fever, cough, shortness of breath, etc.) in the last 14 days?

Have you been in close contact with anyone diagnosed with a contagious illness (including COVID-19) in the past 14 days?

4. Consent and Declaration

☐ I have read and understood the information provided. I confirm that the details given are correct. I consent to participate in the event and authorize the event organizers to seek emergency medical treatment on my behalf if necessary.

☐ I declare that I have disclosed all relevant health information and agree to comply with the event's health and safety guidelines.

Participant's Signature:

Date: