**WheelPower National Junior Games 2024**

**Medical and Media Consent**

|  |  |
| --- | --- |
| **Participant name:** |  |

|  |  |
| --- | --- |
| **Medical Consent**  I consent to emergency medical treatment being given to me/ my child in the event of an accident/incident. | |
| **Signature:** |  |
| **Print name:** |  |
| **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Photography / Video Consent**  WheelPower and partners may take photographs/video throughout the National Junior Games. Any photos/video taken will be used in the promotion of disability sport through publications, social media channels, newsletters and website. | | | |
| \*Please tick the box if you **do not** give your permission for this. | |  |  |
| **Signature:** |  | | |
| **Print name:** |  | | |
| **Date:** |  | | |

*\*Please note; it is very difficult to ensure an individual is not included by error in group or action shots. Every effort is made to minimise the chance of this.*

|  |
| --- |
| Your support transforms lives, and we’d love to keep you posted with our news, events, activities and appeals. Your details will only be used by WheelPower – we will never give your information to other organisations to use for their own purposes. You are free to change your mind at any time. Please tell us if you would be happy for us to contact you:  Email: Phone: |