## THAT’S THE THING ABOUT FISHING WITH GURU GLENN AND NUI INC. (Incorporated Association No. A0065074G)

EVENT / CLINIC NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ START TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM

EVENT / CLINIC DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FINISH TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent/Worker/Care Name** | **Clients First Name** | **Email Address** | **Contact Phone** | **Consent Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**DISCLAIMER & INDEMNITY:**

That’s The Thing About Fishing Inc. (TTTAF) takes safety seriously, as fishing can be dangerous when inexperienced. We provide a first aid kit on site and make available safety eyewear for use during fishing clinics. All participants are encouraged to use the protective glasses at all times during our clinics/events. TTTAF will not be held liable or responsible for any damage if persons refuse to abide by our safety rules.

From time to time throughout the clinics/events, TTTAF staff/volunteers may take photographs or video footage. Any photographs taken on the day remains the property of TTTAF and will not be used for any purposes other than required by TTTAF. Please note that by signing the register above, you are providing consent to be filmed or photographed during the TTTAF clinics/events, added to TTTAF’s electronic mailing list and agree to TTTAF’s conditions. By recording your email address, you agree to be added to the TTTAF mailing list. You can unsubscribe at any time.

Signed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ Signed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

TTTAF Clininc Volunteer Co-ordinator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by Exec Committee Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_