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ROXBY COUNCIL

COMMUNITY YOUTH CENTRE
FOOD LABS CONSENT FORM (CHILD)

This consent form is for participation in the **Food Labs program**, run by the Roxby Council and located at the **Community Youth Centre**, for the duration of the program: **6 February – 24 December 2026**.

Participation in this program requires a parent or guardian to sign and submit this form to the program organiser. Participants must wear closed-toe shoes and tie back long hair for safety.

Date _____

I, _____
(Print Name)

Being the parent of: _____
(Print Childs Name)

of: _____
(Print Address)

hereby consent to the Roxby Downs Council capturing and using photographs and/or video footage of my child and/or their artistic works for public relations, communication and promotional purposes. This may include use in publications, promotional materials, websites and advertisements, and may be used for an indefinite period.

I also acknowledge, understand and agree to the following terms and conditions:

PHOTOGRAPHY AND VIDEOGRAPHY

i. Any recording made by the Roxby Downs Council of my child's performance in connection with promotional activities constitutes an authorised use of that performance for the purposes of the *Copyright Act 1968 (Cth)*.

ii. Photographs, video footage or other images of my child may be displayed in public environments within South Australia, interstate and/or overseas.

iii. My child's participation in promotional activities may be edited at the discretion of the Council.

iv. The Council is not obligated to include my child's image or participation in any promotional activity.

v. I release the Council from any claims made by me, my child, or any person on my child's behalf arising from my child's appearance or participation in promotional activities.

vi. I acknowledge that no payment or other consideration will be provided for my child's participation.

PARTICIPATION IN KITCHEN ACTIVITIES

I hereby consent to my child participating in supervised kitchen and food-preparation activities as part of the Council-run Food Labs program.

i. These activities may involve the use of kitchen appliances and utensils, including but not limited to:
   - ovens, stovetops, and microwaves
   - blenders or food processors
   - knives and other food preparation utensils

ii. Kitchen-based activities involve inherent risks, including the risk of injury.

iii. The Council will take reasonable precautions to ensure that activities are conducted safely and under appropriate supervision, including the provision of relevant safety instructions prior to participation.

iv. My child's participation in food-handling and food-preparation activities is conducted in accordance with the requirements of the *Food Act 2001 (SA)* and associated food safety legislation and guidelines, and that such participation is authorised for the purposes of compliance with that Act

v. I voluntarily consent to my child's participation in these activities.

ALLERGY AND MEDICAL INFORMATION

Please list any allergies, intolerances or relevant medical conditions that staff should be aware of, including triggers, severity and required responses (e.g. medication).

Does your child have any allergies (including food allergies)?

☐ No ☐ Yes *(please provide details below)*

OTHER RELEVANT INFORMATION *(please provide details below)*

EMERGENCY MEDICAL TREATMENT

In the event of an accident, injury, or illness, I authorise Council staff to seek medical or ambulance assistance for my child if deemed necessary. I understand that reasonable attempts will be made to contact me or the nominated emergency contact as soon as practicable.

I acknowledge that any costs associated with medical treatment or ambulance services are my responsibility.

PARENT / GUARDIAN DECLARATION

I confirm that I am the parent or legal guardian of the above-named young person. I have read and understood this form, including the nature of the activities involved, and I provide my consent as indicated.

Name _____ **Signature** _____

Date _____ **Contact No** _____

Email _____

EMERGENCY CONTACTS *(if same as Parent/Guardian state 'As Above')*

Name _____

Contact No _____

Email _____

Name _____

Contact No _____

Email _____

ROXBY COUNCIL

OFFICE USE ONLY

Date of Photo: _____

Event Photo was taken: _____

Location Photo was taken: _____

_____

_____

_____

_____

Notes or Limitations: _____

_____

_____

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