



Liquid Therapy Registration Form

Childs name:



Personal details of child:

Name:	
D.O.B:	
Height:	T-Shirt size:

Parent/Carer/Community group contact (other than the above):

Name:
Contact Number 1:
E-mail:
Relationship to child:



Information on the child:

Communication: (Verbal/Visual aids)	Socialization/Relationships:
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Levels of concentration:	Behaviors that change:
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Special Interests/Likes:	Fears, concerns or dislikes:
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Awareness of Dangers:	Additional comments:
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Health

All information is strictly confidential and should be as detailed as possible.

Does the child have any visual impairment?	Yes/No
Does the child have any hearing impairment?	Yes/No
Does the child have asthma?	Yes/No
Does the child have diabetes?	Yes/No
Does the child have any bone or joint problem that could be made worse by physical activity?	Yes/No
Has the doctor ever said that the child should not participate in physical activity?	Yes/No
Does the child have any allergies? If yes please give details:	Yes/No
Does the child have epilepsy? If yes please detail: (what happens before the seizure, what happens during the seizure, how long do they last etc.)	Yes/No

Participants release form and clearance agreement

I wish to confirm the terms and conditions of my participation in Liquid Therapy as a participant.

You shall be entitled to use and authorize others to use my name, photograph, likeness and biography in connection with Liquid Therapy as well as recordings of my voice and contribution, done in any kind of technological device and format.

In recognition of the needs of Liquid Therapy, I hereby grant you the unlimited right to edit, copy, add to, take from, adapt and translate my participation.

I understand that no financial reward will result from my participation in any productions.

I understand and accept the theme and subject matter of Liquid Therapy.

You shall be entitled to transfer and duplicate the audio and audiovisual recordings of my participation in Liquid Therapy through any and all technical devices and any kind of audio and audiovisual media.

You shall be entitled to dub, subtitle and produce versions of the production in any language.

I understand that you have the right to publicly and privately distribute my recorded participation, make copies of the production by selling, lending or renting it, whether charging or not, including the rights for public exhibition of the production, using any media and equipment with the purpose of promoting the production and the rights for the commercial and non-commercial public presentation in any media.

I understand that the company is entitled to assign or license the agreement to any third party.

I irrevocably and unconditionally waive all rights that I may have in respect of the production.

I confirm and warrant that I am entitled to enter into this release and am not under any contractual or other obligations precluding one from doing so.

I acknowledge that Liquid Therapy shall have no obligation to use my participation in this production. I hereby waive and claim(s) I may have for loss of opportunity to enhance my reputation as a result of the non-inclusion of my participation in the production.

To: Liquid Therapy

Date:

Signature: