



Riding for the Disabled Association SA Inc
215 Portrush Rd MAYLANDS SA 5069

Riding Develops Ability

PERMISSION SLIP FOR USE BY RDA CENTRES

This form must be completed and returned before participation in the nominated activity. It must be signed by a Parent or Guardian if the participant is under 18 years of age or unable to sign for themselves.

Name of Participant:

Address of Participant:

.....Postcode.....

RDA Centre:.....

Nominated activity:

- Copyright and consent to use:** I acknowledge and consent to photographs and videos being taken during my participation in RDA activities. I acknowledge that the photographs are owned by RDA SA and that they may be used for promotion, training or other positive purposes. I consent to the use of these photos/ videos for the activity nominated above.
- Copyright and consent to use:** I acknowledge and consent to an article being written regarding my background and involvement with RDA. I acknowledge that the article will be edited and owned by RDA SA and that it may be used for promotional or other purposes. I acknowledge my right to read the article before publication. I consent to the use of this article for the activity nominated above.
- Consent to use:** I acknowledge and consent to the participant's name, personal details and background with RDA being included in an application for a grant/award or sponsorship request as detailed in the above nominated activity. I acknowledge that the funding received may be used to support RDA activities and may not be for personal reward.
- Right to vary my decision:** I am aware that I may change my mind and refuse permission at a later date by direct communication with RDA.

Signed.....(Parent, Guardian, Self if over 18)

Print Name:.....Phone Contact:.....

Date.....