



CUILCAGH
LAKELANDS
GEOPARK



Participant Form

1) Name of Event: _____ Location: _____ Date: _____

2) Participant First Name: _____ Surname: _____

3) Emergency Contact Name: _____ Emergency Contact Number: _____

4) Please state any medical condition(s) that staff may be required to know (if any medical conditions, e.g. asthma please ensure all necessary medication is brought to the activity):

5) I declare that I am Covid-19 symptom free and am not a known close Covid-19 contact, recently arrived in the country or been advised to self-isolate in the past 7 days.

Please tick

6) I give consent to be contacted by Fermanagh and Omagh District Council staff to provide feedback in relation to the activity.

If so, please provide your email address: _____

7) I hereby give Fermanagh and Omagh District Council the right to use photographs/recordings of me/my child/my children (please delete as appropriate) at the event.

I understand that, if I allow, the image(s) may be used in Council communications, promotional material to include social media, the Council website, leaflets and printed publications and/or the media.

We will not include names of any child with images used although we may add a general label to a group image.

You have the right to request the image(s) is removed/deleted but please note, depending on if/where the image(s) is used, removal/deletion may not be achievable. Please contact the Geopark on +353 (0)71 9853692 for further information.

I consent I do not consent

Signature: _____

(This form must be signed by those with a parental responsibility, if the participant is under 18 years of age)

Data Protection - Fermanagh

In accordance with the Data Protection Act 2018, Fermanagh and Omagh District Council has a legal duty to protect any data we hold on you. For further guidance on how we hold your information please visit www.fermanaghomagh.com/your-council/privacy-statement/