Pax Romana – Activity Sign-on Sheet

ACTIVITY DETAILS	
Event:	
Date/s:	**Start time:**
Location:	
Event Marshall:	

SIGN ON

By signing below I confirm that I have read the group risk assessment and I confirm that I will abide by the controls set out therein. I also confirm that I will comply with the rules and by-laws of Pax Romana and the QLHF, including reporting any injuries or incidents to the QLHF on the approved form. I have advised the Event Marshall of any medical requirements, including the location of my epi-pen, asthma puffer, insulin or any other medication.

If engaging in any activity involving armour and/or weapons, I declare that:

- I am fit to participate
- I am not under the influence of alcohol, illicit drugs or medication that impairs reaction times and/or judgement

Name	Signature

Notes about specific risks being managed today (e.g. weather etc):

Event Marshall name:	Signature

Privacy statement: *Your personal information is being collected for the purpose of recording attendance at a Pax Romana event. We may disclose your personal information to the QLHF and/or to their insurance company in the event of a claim and/or to a third party with your consent or as required by law. If you have concerns with the way your personal information has been managed or stored please contact us by email paximperial1975@hotmail.com. We will only use your personal information for the purpose for which it was collected.*

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