**SAMPLE Colour Run Application Form and Waiver**

**To be completed and handed to the school at time of booking**

In order your child to participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Colour Run Challenge, you must complete the following waiver prior to the event.

1. I am aged 18 years or above and wish for my child to participate in the \_\_\_\_\_\_\_\_\_\_\_ Colour Run Challenge and I am the parent/legal guardian of the registered child/children who is/are under the age of 18. I wish for these child/children to participate in the Colour Run on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2022
2. I agree that my child will participate in the Colour Run Challenge in accordance with the specific safety rules clearly explained by school staff at the beginning of the challenge.
3. I understand that participating in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Colour Run Challenge is a potentially hazardous activity where coloured powder will be thrown at and around my child during the event. However, I understand that the powder is not harmful to people, animals or plant life.
4. I agree that my child will wear any safety equipment outlined by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Colour Run Challenge. In accordance with the safety instructions and risk assessment, all participants must wear protective eyewear. This can include sunglasses, goggles, or prescription eyewear. Failure to comply with these instructions could result in the participation being denied.
5. I agree to provide a t-shirt (preferably white) to wear on the course and protective eye wear.
6. Participants are expected to exhibit appropriate behavior at all times and must always follow the instructions that are given to them. They must show respect towards the other pupils taking part, school staff, equipment and facilities and not misuse these in any way.
7. I confirm that my child is in good physical condition and has no medical impairments that may prevent them from participating in the activity. If I have any concerns about their physical condition, I will consult my doctor before participating in the activity and inform the school straight away.
8. I acknowledge that participation in the activity may be physically demanding and that there are risks of injury.
9. I hereby indemnify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ against all claims made by any other person against \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in respect of any injury, loss or damage arising out of or in connection with my failure to comply with the safety instructions and/or directions given by the school staff.
10. I acknowledge that I have read, fully understood and agree with all of the above prior to signing below.

**Child’s Name** …………………………………………………………………… **Class** ……………………………………

**Parent/Guardian Name (printed)** …………………………………………………………………………………………………………………..

**Parent/Guardian signature** …………………………………………………………………………………………………………………………..

**Relationship to child** ……………………………………………………………………………………………………………………………………..