

In the event of you having an accident which requires you to have emergency treatment, TYA will use their best judgement to contact the emergency services where appropriate. I hereby give my consent to any measure which the medical officer in charge considers essential.

Signature Date.....

Photographs

I hereby give my consent to be photographed / videoed, and for these images to be used for educational and promotional purposes where appropriate.

Signature Date

I have read and understand the rules of Tweeddale Youth Action

Signature Date.....

From time to time young people at Tweeddale Youth Action have the opportunity to take part in different events, conferences and activities. We sometimes need help in getting young people to these events. If you would be prepared to help by driving groups to events from time to time, please sign here:

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