

ID no if Wristband_____

Parental Responsibility Commitments

As Parent/Guardian of _____ Date of Birth_____,

I hereby consent to my child attending your event and I make the following commitments;

Conditions of Ticket Sale

- I know that this event must by Law be alcohol and drug free, and I agree that those who organise and supervise the event may take all the responsible steps including using CCTV use and random breathalyse testing to ensure that it is drug and alcohol free.
- I will instruct my child and I will exercise appropriate control to ensure that he or she will not consume any alcohol ahead of, on the way to, or while attending your event.
- I will be personally involved in organising the travel arrangements for my child going to and returning home from the event and I will be present when he/she returns home.
- I accept that, as organisers and supervisors of the event, you may at any time, in your absolute discretion, cancel any tickets sold, or refuse admission on the night and that you may ask any child to leave the event and not to come again.
- I confirm, that I will be contactable by mobile phone while my child is travelling to and from your event, and while he or she is attending your event and I agree that I will collect my child promptly from your venue, if requested to do so by phone or text.
- I agree that there is no safe or acceptable level of drug use by any person under the age of 18 years. I am aware that drug use is a criminal offence. I acknowledge that if my child is found using or in possession of any drug, I will be required to accompany my child to the Garda Station for interview and to any Court hearing which may follow.

GDPR CONSENT

I hereby consent to Clonakilty RFC collecting, storing and, in the future, destroying my personal data and my child's personal data collected on this form, on CCTV images collected in relation to the health or behaviour of my child during their period on the premises as may be necessary. I understand that data may be both in paper and electronic format.

SIGNED: _____ **CONTACT TEL NO:** _____

NAME: _____

PRINT NAME OF PARENT/GUARDIAN