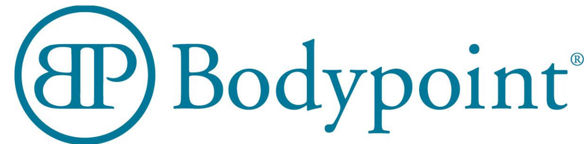

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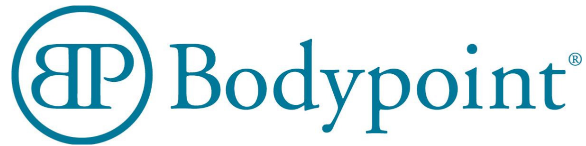

PLEASE COMPLETE IN BLOCK CAPITALS:

NAME:____

ADDRESS:____

____

E-MAIL:_______________________________________

I AM OVER 18 YEARS OF AGE : **YES**________ **NO**________

SIGNED:__________________________________ **DATED:** ____________________

_ _

IF UNDER 18 YEARS OF AGE CONSENT SHOULD BE GIVEN BY A PARENT OR GUARDIAN:

PARENT OR GUARDIAN NAME: ____

ADDRESS:____

____

E-MAIL:_______________________________________

PARENT OR GUARDIAN
SIGNED:__________________________________ **DATED:** ____________________

_ _

(SIGNATURE OF WITNESS IS NEEDED WHETHER OVER OR UNDER 18 YEARS)

SIGNATURE OF WITNESS: ____

DATE: day _______ **month** _________ **year** _______

NAME: ____

ADDRESS: ____

____

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