

**PARENT/GUARDIAN/SCHOOL
PROOF OF APPROVAL FOR UNDER 18s
BE BRAVE & SHAVE: 11-13 MARCH 2010**



COMPLETE THIS FORM AS PROOF THAT YOU HAVE PERMISSION TO PARTICIPATE IN WORLD'S GREATEST SHAVE FROM YOUR PARENT/ GUARDIAN AND SCHOOL.

First Name:* _____ Last Name:* _____

School name : _____

Mailing Address:* _____

Suburb:* _____ State:* _____ Postcode: _____

Contact phone:* _____ Email: _____

Date of birth:* _____

Will you be shaving or colouring? _____

On what date? _____

Waiver: In completing a registration for World's Greatest Shave, you acknowledge that you understand the activities and risks involved in participating; and agree, in consideration of permission for the person named above to participate in the activities, to release and indemnify the Leukaemia Foundation, its officers, employees and volunteers and all sponsors from and against all liabilities, claims, damages, suits, expenses, causes of action, injuries, losses or inconvenience of any description whatsoever arising in any way from the participation of the person named in the activities. You confirm that as the person named is under the age of eighteen years a parent/guardian has granted permission to participate, and you also give permission for the free use by the Leukaemia Foundation of the name, image and voice of the person named in any broadcast, or any other account in any media, of World's Greatest Shave.

I hereby grant permission for the person named above to participate in Leukaemia Foundation World's Greatest Shave 2010

Parent or guardian to sign below

Name _____

Signature _____ Date _____

AND Representative of school to sign below

Name _____ Position held _____

Signature _____ Date _____

Comments _____

KEEP THIS FORM IN A SAFE PLACE AS PROOF YOU HAVE PERMISSION.
(YOU DON'T HAVE TO RETURN IT TO THE LEUKAEMIA FOUNDATION)

NOW YOU CAN REGISTER TO TAKE PART AT WORLDSGREATESTSHAVE.COM.