DISCOVERY INITIATIVE EVENTS REGISTRATION

Participant's Name:		
Email:		
Mobile:		 _
Age:	ethnicity:	 _
Your Current Status i.e. study	ying –yr11, unemployed etc:	

I hereby grant Discovery Initiative:

- The right to use the images (video/picture) resulting from photography/video coverage at the training/event. This includes any reproductions or adaptations for the Initiative's publications, presentations or websites.
- I will abide by the training regulations.
- I will abide by the Health & Safety regulations.
- Please do let any of our facilitators know if there are any concerns.

DATE	EVENT	LOCATION	SIGNATURE

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