

Neo Ambassador Committee Permission Form

I give permission for the applicant to participate in activities associated with the Art Gallery of South Australia Neo Ambassador Committee.

I understand that while AGSA will hold duty of care during my child's participation in scheduled Neo Ambassador Committee activities, it is my responsibility to arrange safe travel to and from all Art Gallery of South Australia activities including meetings and events.

I understand that AGSA will be responsible for my child during their participation in scheduled Neo Ambassador Committee activities. However, if my child wishes to make additional independent visits to AGSA outside of these activities, they will be treated as general public and not specifically supervised. It is my responsibility, in this instance, to discuss safety and supervision with my child prior to their visit.

I understand that I may be issued an additional permission form should there be formal activities scheduled to happen at locations other than the AGSA.

I understand that the Teen Programs Officer - plus one or two key staff - will be in contact with my child via social media, email and SMS. All staff and volunteers at AGSA have a current Working With Children Check.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

Young person's Name:

Young person's Signature:

Date

Medical Emergencies

These basic details will assist in the case of a medical emergency.

Young person's name:

Medicare Number (optional):

Emergency Contact (Primary):

Name

Relationship to young person:

Contact number:

Emergency contact (Secondary)

Name

Relationship to young person:

Contact number:

I understand that in the case of a medical emergency, AGSA staff will make every attempt to contact me. However, if unable to make contact, I give permission for an Art Gallery of South Australia staff member to:

- Consent to my child receiving medical / surgical attention if deemed necessary by a medical practitioner
- Administer first-aid as Gallery staff may judge reasonably necessary (those with up-to-date certification)

Please list existing medical conditions or illnesses (including asthma, diabetes, epilepsy, allergies, mental health etc) and outline the treatment for each.

Please outline any dietary requirements, including possible reaction to inappropriate diet, food allergies, celiac, vegan etc.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

Young person's Name:

Young person's Signature:

Date:

Image Release

I agree to the Art Gallery of South Australia's use of audio, video and images of my child for publicity and promotional purposes. These images may be used on the Art Gallery of South Australia website, in-house promotional publications or Art Gallery of South Australia's Facebook or Instagram pages, or those of event sponsors or Gallery partners.

I understand that I may contact Dani Reynolds, Teen Programs Officer at Reynolds.dani@artgallery.sa.gov.au or at 08 7085 1645 if I have any concerns.

I give permission for the Art Gallery of South Australia to photograph / film / record my child's participation in Art Gallery of South Australia activities, and to use these images as stated above.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

Young person's Name:

Young person's Signature:

Date:

Please sign and upload this form to:

<https://www.agsa.sa.gov.au/whats-on/ongoing-programs/neo/neo-ambassadors/neo-ambassador-committee/>

Or email to:

Dani Reynolds, Teen Programs Officer, AGSA

Reynolds.dani@artgallery.sa.gov.au