



ENGAGE, EDUCATE & EMPOWER
communities to end
GENDER-BASED VIOLENCE

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Action Breaks Silence Form of Consent

The Action Breaks Silence is covered by Professional Indemnity Insurance and our instructors are covered through Public Liability and Event Cover Insurance of £5,000,000 as arranged by Hiscox Insurance Company LTD.

Action Breaks Silence requires the following indemnity to be signed by the participant that is to participate in the workshop.

I hereby understand that it is important for me and for the safety of other participants in the group that any rules and any instructions given by the Action Breaks Silence instructors are obeyed.

I understand that while the instructors will take reasonable care of all participants, they cannot be held responsible for any loss, damage or injury that might arise during the course. I therefore, hereby indemnify Action Breaks Silence and its instructors against all liability of loss, injury to persons, legal expenses or direct consequential loss or injury unless any of the aforementioned was due to the negligence of Action Breaks Silence, it's employees or agents.

I agree to authorise employees or agents of Action Breaks Silence during the period of the workshop to approve such medical treatment for me and/or my child as is deemed necessary in an emergency.

Any pre-existing medical condition from which I suffer is described in a separate letter attached to this form, which also sets out any special medical requirements (such as medication or other treatment as well as any of other considerations that may be necessary during training).

Tick as appropriate: Letter Attached: ----- Not applicable: -----

I undertake to inform Action Breaks Silence of any such conditions which ensue in the period between the return of the form and the course date.

Signed: _____ Date: _____

Full Name: _____ Telephone: _____

E- Mail Address: _____

Date of workshop being booked: _____