



**Huntington's  
Disease  
Association**



## **Go Ape for young people**

The Huntington's Disease Youth Engagement Service are running an event at Go Ape in Chelmsford for those aged 8-17 affected by Huntington's disease.

The event is on **Thursday 29 August 10.45-15.00** at the **Go Ape Chelmsford** in **Hylands Park**.

This is a great opportunity to relax, have some fun and meet other people who have Huntington's in their family. There is no charge for the event, food will be provided and travel costs can be reimbursed. You **must** be able at least **1.2m tall** to attend this event.

**Venue address:  
Go Ape Chelmsford,  
Greenbury Way,  
Writtle, Chelmsford  
CM2 8FS**

We would like to take some photographs on the day. If you consent to us doing this, **please fill in the attached publicity consent form.**

Please complete and return the consent form included to reserve your place.

Each attendee will need to complete a go ape pre-arrival form before the day of the event.

### What to bring?

- Water bottle / a drink
- Suncream
- A hair bobble to tie back long hair

### What to wear...

- Weather appropriate clothing that covers your stomach and you don't mind getting dirty
- Footwear that protects your toes and heels (do **not** wear sandals, flip flops, Crocs, slip-off or high heel shoes)

### Emergency contacts for the day

*Nadia Laffey*

**Project Officer**

07842 425829

nadia.laffey@hda.org.uk

*Sirumpa Waranon*

**Youth Worker**

07842 425830

sirumpa.waranon@hda.org.uk

## Booking and consent form



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Please reserve \_\_\_\_\_ place/s for this event

Please list names and ages of those attending

Attendee: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Attendee: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Please list below any special dietary requirements or allergies

**Name:** \_\_\_\_\_

Special dietary requirement or allergy \_\_\_\_\_

**Name:** \_\_\_\_\_

Special dietary requirement or allergy \_\_\_\_\_

Please list below any additional / medical needs we should be aware of:

**Name:** \_\_\_\_\_

Additional / medical needs \_\_\_\_\_

**Name:** \_\_\_\_\_

Additional / medical needs \_\_\_\_\_

**By signing this form, you are consenting to taking part in the activities listed above:**

Your signature (for 18+) or  
parents signature (for U18s): \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

### Keep in touch to hear about our work

We would like to keep you informed about the Huntington's Disease Association, our projects, events, fundraising activities and information for parents and carers. If you consent to us contacting you for these purposes, please tick to opt in below to state how you would be happy for us to contact you.

Email ☐ Phone ☐ Post ☐ SMS ☐

We will store your contact details safely and securely, won't share with any third parties without your consent and will only contact you in accordance with the preferences given. Please read our privacy policy on our website ([www.hda.org.uk/privacy-policy](http://www.hda.org.uk/privacy-policy)) for further details. You can unsubscribe at any time by contacting us on [info@hda.org.uk](mailto:info@hda.org.uk) or 0151 331 5444.



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## Emergency contacts

### Emergency contact 1:

Name of emergency contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

### Emergency contact 2:

Name of emergency contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

## HDYES t-shirt size

HDYES are giving out free HDYES t-shirts to event attendees. Please tick the box below to let us know which size t-shirt you would like:

7-8yrs ☐ 9-11yrs ☐ 12-13yrs ☐ 14-15yrs ☐

S ☐ M ☐ L ☐ XL ☐ 2XL ☐

## Privacy policy

We take your privacy seriously and promise to never sell your data. You can find out more about your rights, how we use your personal information and how we keep your details safe and secure by reading our privacy policy at <https://www.hda.org.uk/privacy-policy>. For more information or to change your preferences please contact [info@hda.org.uk](mailto:info@hda.org.uk).

# Publicity consent form



**Huntington's  
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Association**

The Huntington's Disease Association often takes photographs, videos, audio recordings and asks people to share their story for publicity purposes. These images, recordings and stories may appear in our printed publications, or online, or both. We may also send them to the news media. We require your permission to do this.

<b>Full name</b>			
<b>Address</b>			
		<b>Postcode</b>	
<b>Telephone</b>			
<b>Email</b>			

## How will your photo, video, audio recording or story be used?

Publications:	Huntington's Disease Association's leaflets, posters, newsletters, magazine and other marketing materials
Websites:	Huntington's Disease Association's website
Social media:	Huntington's Disease Association's social media channels (i.e. Facebook, Twitter, Linked in)
Presentations:	Huntington's Disease Association's internal and external presentations
Print and online media:	National, regional and local papers; magazines and news sites
Television and radio:	National and regional television; national and local radio

We would like to be able to use and share your story in all of the ways listed above but do understand if you would prefer not to appear on particular platforms. If there is any way you would not like your information used or shared listed above, please indicate below:

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Please tick the box below and sign this form if you are happy to give permission for your image and / or story to be used by the Huntington's Disease Association for the purposes outlined above and if you understand that websites and other online media can be seen throughout the world and not just in the United Kingdom, where UK laws apply. It is important to note that images and stories already published cannot be withdrawn. All photographs and video material is copyright to the HDA.

**I am happy to give my consent and have read and understand the above:**

☐

**Signature:**

**Date:**

If you are under 18, we also need written permission from a parent / guardian:

**Signature\***

**Date:**

*\* If a child is under eight years, the sole consent of their parent / guardian is sufficient.*

*Office use: If consent has been received by email a copy must be attached to this form and the form completed on behalf of the individual in accordance with their specified consent.*