



**Huntington's  
Disease  
Association**

## **Emergency contacts for the day**

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# **Escape room event for young people**

The Huntington's Disease Youth Engagement Service are running an escape room event in Essex for those aged 8-17 affected by Huntington's disease.

**The event is in the summer holidays on  
Wed 27 Aug at 11.30am-2.15pm at Escape  
Hunt, Lakeside.**

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, lunch will be provided and travel costs can be reimbursed.

**Venue address:  
Escape Hunt Lakeside,  
Lakeside shopping  
centre,  
Unit 2-5, Thurrock,  
RM20 2ZP**

## Booking and consent form



Huntington's  
Disease  
Association

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.



## Emergency contacts

### Emergency contact one:

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

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

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

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

### Emergency contact two:

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

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

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

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

How will you be travelling to the event?

Car ☐ Train ☐ Bus ☐

Do you need support booking train travel to the event?

Yes ☐ No ☐

If yes, please provide more information e.g. nearest train station: \_\_\_\_\_

Please note we ask that parents drop off and pick up their children from all events but we can reimburse petrol or child's train tickets to the event.

## 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 ☐

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  
Disease  
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:

|  |
|--|
|  |
|--|

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.*