



Dear Parent or Caregiver,

Thank you for allowing your child to attend the Royal Albatross Centre's **Tracking Penguins Programme on Aug 4, Sept 1, 29, Nov 24, 2017**. Please read the attached information about the programme and please sign the following waiver. This form will need to be given to the school to be returned with the registration form. The bus will leave from the Dunedin Railway and will return to the Railway station. An Albatross Colony staff member will be on the bus with the students.

Each student is required to wear warm clothes and bring wet weather gear and their lunch. Afternoon tea will be supplied Please contact us if you have any further questions.

Thank You  
Chris McCormack  
Email: [education@albatross.org.nz](mailto:education@albatross.org.nz), (03) 478-0499

I \_\_\_\_\_ (the undersigned) hereby give permission for \_\_\_\_\_ (name of the student) to participate in all the activities and work involved in the Royal Albatross Centre's **Tracking Pukekura Blue Penguins Programme Programme on June 23-24, September 1-2, October 20-21, 2016** which involves transport by bus from Dunedin to Taiaroa Head. I understand that all care will be taken in the safety of the students but students are expected to comply with all instructions and directions given.

In case of a medical emergency I give permission for the Albatross Centre staff to act and take responsibility in proxy of parent/guardian. I authorise the obtaining of medical attention if Royal Albatross Colony staff consider this necessary.

I have discussed these conditions with my child and we accept them.

\_\_\_\_\_ (name of student) has / has not (delete one) a particular health / medical condition as detailed below.

Detail of health/medical condition (if any including food allergies)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

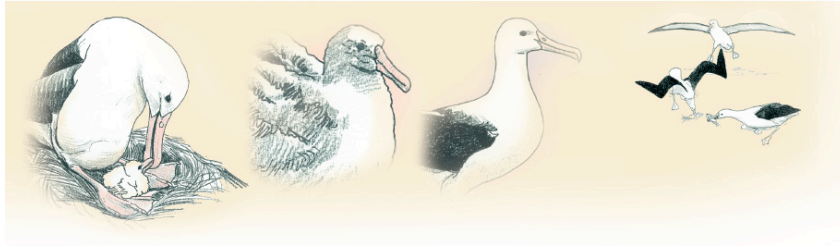
Details of medication / management (if any)

\_\_\_\_\_  
\_\_\_\_\_

Name (printed): \_\_\_\_\_ (parent/guardian) Phone (daytime): \_\_\_\_\_

Signed: \_\_\_\_\_ (parent/guardian)

Signed: \_\_\_\_\_ (participating student)



### PERMISSION TO USE IMAGES

I authorise the Royal Albatross Centre, or its representatives, to photograph/video the person(s) listed below and reproduce the images in publications for promotional, reference and /or educational use.

I understand that the images may be published in print, video, CD and/or web site. Copyright and ownership of the images will rest with the Royal Albatross Centre or its representatives.

Signature of  
Parent/Guardian or  
Adult in image

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Adult's Name

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Child's name

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Date

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Address of Adult or  
Parent/Guardian

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Phone

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Email

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**TO BE COMPLETED BY ROYAL ALBATROSS CENTRE REPRESENTATIVE:**  
Description of images or student work – please note date image taken or anything that will help recognition of images and subjects in future.

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*Images/ video of students/adults taking part in the Tracking Penguins programme at the Royal Albatross Centre during 2017.*