This is the Parent / Guardian proof of approval for those under the age of 18



THE PUSH-UP CHALLENGE 2023

Complete this form to show proof that you have permission to participate in The Push-Up Challenge 2023 from your parent or guardian.

PARTICIPANT		
First Name:	Last Name:	
Mailing Address:	-	
Suburb:	State:	Post code:
Phone:	Email:	-
Date of Birth: / /	- Signature*:	
* If 12 years old or older		
Before returning this form you must read The Pusnamed) on our website and acknowledge by ticking		erms and conditions' (or similarly
☐ I have read The Push-Up Challenge terms,	conditions and ag	ree to comply with them
PARENT / GUARDIAN		
Participants under the age of 18 require the writte or fundraising for The Push-Up Challenge. Consent Challenge prior to taking part. Please refer to The Usage and our Privacy Policy on our website for in use of our website by children.	t must be obtaine Push-Up Challeng	d and received by The Push-Up e Terms and Conditions of Website
PERMISSION I hereby grant permission for the child named abo fundraising. I acknowledge that the supervision of requirements under law: Children under the age of 16 must take part unde Children under the age of 12 must take part unde	the child named or the supervision of	above must comply with the following fan adult
Name:	Last Name	:
Signature:	Date:	
Email:	Phone:	
Relationship to participant:	<u> </u>	

Take a photo or scan this completed form and email it through to us at:

permission@thepushupchallenge.com.au

In the subject line of this email, include the name of the person who is taking part.

Please note that this email address is for record keeping, we do not respond to questions to that email.