



Tweed Heads - Australia

INDEMNITY AND CONSENT

DEFINITIONS:

In this Document-

- (a) "the Association" means You Have A Friend Incorporated of PO Box 637, Tweed Heads, New South Wales.
- (b) "the participant" means the person named in Schedule 1.
- (c) "the minor" means the person named in Schedule 2.
- (d) "the parent" means the parent or guardian of the minor named in Schedule 3.
- (e) "the event" means the event detailed in Schedule 4.

BACKGROUND CIRCUMSTANCES:

1. The Association is (alone or with others) conducting, organising or is in charge of the event.
2. The participant is to be a participant in the event.
3. The minor is to be a participant in the event.
4. The parent is the parent of the minor.
5. The parties wish to regulate the liabilities and arrangements between them in relation to the event.



Tweed Heads - Australia

Exchange for the Association allowing the participant and/or the minor to participate in the event:-

- (i) If a participant is named in Schedule 1, that participant agrees and acknowledges that participating in the event is at the participant's own risk and the participant, to the fullest extent permissible by law, indemnifies and keeps indemnified the Association in regard to all matters affecting the participant arising directly and or indirectly from the event.
- (ii) If a minor is named in Schedule 2, the parent consents to the minor's participation in the event and the parent, to the fullest extent permissible by law, on behalf of the parent and the minor acknowledges that the minor participates in the event at the minor's own risk and the minor and the participant to the fullest extent permissible by law indemnify and keep indemnified the Association in regard to all matters affecting the minor and or participant arising directly and or indirectly from the event.
- (iii) This document may be used as a defence and bar by the Association to any claim by the participant and/or the minor arising directly or indirectly from the event.



Tweed Heads - Australia

SCHEDULE

Item 1

Name and address of Participant (Adult over Eighteen):

Phone: _____

Email: _____

Item 2

Name and address of Minor (Under Eighteen):

Age: _____

Email: _____

Item 3

Name and address of Parent:

Phone: _____

Email: _____

Item 4

Particulars of the Event: "Jimbo's" Sleepout, 7th August commencing at 4pm at St Joseph's College sporting fields, Doyle Drive, Banora Point



Tweed Heads - Australia

SIGNING SECTION:

Signed by the Participant:

Signature

Signed by the Parent:

Signature:

Signed on behalf of the Association by an authorised officer:

Signature:

The date of this document is the date the last party signed it.

Date: