



*Bubble Soccer, Sumo Wrestling and Giant Jumping Castle
Monday 26 September 2016 – 10am – 2.30pm
The Rock Recreational Sports Ground
Free Event including sausage sizzle*

REGISTRATION, WAIVER, AND PUBLICITY CONSENT FORM

Student First Name		Student Surname			
Parent/Guardian First Name		Parent/Guardian Surname			
Address					
Postal Address					
Phone		Work Phone		Mobile	
Email					
Age		Birth Date		School Year	
School					

WAIVER
I (Name)
Of (Address)
<p>HEREBY AGREE to voluntarily release, discharge and fully indemnify Lockhart Shire Council, its Councillor's', employees, agents, servants, representatives and insurers of 65 Green St, Lockhart NSW 2656, New South Wales (Council) against any injury or accident to myself or damage done to property in my care that may arise out of, or in connection with, my involvement in the September School Holiday Program Bubble Soccer, Sumo Wrestling and Giant Jumping Castle and to his/her participation in the activities arranged during the day</p> <p>I agree to abide by any instructions given by the providers of the events on the day and council staff.</p> <p>1. ACKNOWLEDGEMENT AND ASSUMPTION OF RISK With the understanding that reasonable care and supervision will be provided by Council and Police, I acknowledge that Bubble Soccer, Sumo Wrestling and Giant Jumping Castle may involve risks and agree to accept all such risks and dangers.</p> <p>2. WAIVER, RELEASE AND AGREEMENT NOT TO SUE I give this waiver in reliance upon the powers of the Civil Liability Act 2002 ("Act") and in particular section 5N of the Act.</p> <p>Minors (under 18) must have a parent or guardian sign the indemnity. Signature of participant (if 18 years or older) Date:/...../ 2016</p> <p>Parent/Guardian of persons under 18 years: Name:</p> <p>Signature Date: /...../ 2016</p>

September School Holiday Program Bubble Soccer, Sumo Wrestling and Giant Jumping Castle

Emergency contact details (nominated by the parent/guardian as alternate contact)			
Name			
Address		Mobile	
Name			
Address		Mobile	

PARENT/GUARDIAN CONSENT	
I agree to my child	(child's name)
attending the September School Holiday Program Bubble Soccer, Sumo Wrestling and Giant Jumping Castle and to his/her participation in the activities arranged during the day. Please note there will be age and height restrictions which will apply to the Bubble Soccer and Sumo Wrestling.	
Signed (Parent/Guardian):	Date:
PUBLICITY CONSENT	
I give permission for the inclusion of my child in publicity activities organised for the September School Holiday Program Bubble Soccer, Sumo Wrestling and Giant Jumping Castle. I have no objection to my child being interviewed, photographed or filmed by the staff and volunteers of Lockhart Shire or by media organised and supervised by Lockhart Shire Council.	
I give my permission for images of the above named child:	
To be used in printed and electronic Media	Yes No _____ Please circle
To be used in media available on the Internet	Yes No
September School Holiday Program Bubble Soccer, Sumo Wrestling and Giant Jumping Castle Registration, Waiver and Publicity Consent Form Completed by:	
Name:	
Signature:	Date: