

Event Name	
Event Date/s	
Participant Name	
Phone (Home)	Phone (Mobile)
Email Address	
if Under 18 yrs: Age Pa	ent/Guardian Name
,	ereby agree to indemnify Devonport City Council, its Councillors, employees, volunteers, servants and ents from and against all actions, costs, claims, charges, expenses, penalties, demands and damages natsoever which may be brought or made or claimed against them, or any of them, arising from myself my child/children participating in this activity related to my own or my child/s/children's negligent acts
Emergency Contact	
Name:	Relationship:
Contact ph:	
agents from and against all act whatsoever which may be bro	ions, costs, claims, charges, expenses, penalties, demands and damages ight or made or claimed against them, or any of them, arising from myse
footage/interviews or adaptati	ons for use in media stories/advertising material/publications/reporting
Signature of Participant or Par	ent/Guardian (if under 18yrs):
	Date



Address for Tax Receipt Purposes_

Office Use Only - Receipt Number_____

SEVANDART.

You're Welcome!

____(#78 or #68) Date____