



GLADSTONE REGIONAL  
art gallery  
museum

PO Box 29, Gladstone, QLD, 4680  
Phone: 07 4976 6766 Fax: 07 4972 9097  
Email: gragm@gladstonerc.qld.gov.au

## INDEMNITY RELEASE

### Warning: Risks Associated with Workshop Activity

1. The Gallery/Museum Workshop program ("Program") is not considered dangerous in itself. Nevertheless, as with any recreational activity, nobody can guarantee that it is free of any risk of injury or damage, direct or consequential.

#### Disclaimer

2. Neither Gladstone Regional Council nor its representatives accept responsibility at law for the safety, health or security of:
  - a) Participants or persons attending the program, or property in their possession or under their control;
  - b) Persons who might be consequentially affected if a participant or a person attending the Program suffers injury or damage, e.g. a Dependant.

#### Voluntary Assumption of Risk

3. I have read, and I understand, the above warning and disclaimer.
4. I understand that neither attendance at, or participation in the Program is free of risk.
5. Despite any risks, I voluntarily consent to the participant attending and participating in the Program.
6. I voluntarily accept all risks of attending or participating in the Program, and all risks of injury and damage that may be suffered as a direct or indirect consequence of attending or participating in the Program.

#### Release and Indemnity

7. I give the following release and indemnity in return for Gladstone Regional Council:
  - a) allowing me to attend or participate in the Program;
  - b) allowing the Participant to attend or participate in the Program; and in return for the representatives:
  - c) assisting me while I attend or participate in the Program; and
  - d) assisting the participant at my request (hereby made) while he/she attends or participates in the Program.
8. I release Gladstone Regional Council and each of its representatives from responsibility or liability to me for injury and damage, that I sustain, directly or indirectly:
  - a) when or as a consequence of attending at or participating in the Program;
  - b) as a consequence of the participant suffering injury or damage when or in consequence of attending or participating in the Program, irrespective of how the injury or damage occurs.
9. I undertake to indemnify Gladstone Regional Council and each of its Representatives against all loss and expense incurred through being held liable to the participant, to me, or to any dependant of the participant or of mine, because of:
  - a) Injury or damage, that I suffer, or that is suffered by any person in my care, custody or control;
  - b) Damage to property in my possession or in the possession of any person in my care, custody or control, where the injury or damage, results directly or indirectly from:
    - my attendance or participation in the Program;
    - the Participant attending or participating in the Program.
10. In this document:
  - a) "Damage" means damage or loss;
  - b) "Dependant" means a parent, guardian, spouse or dependant;
  - c) "Injury" means illness, injury, adverse physical reaction, or death;

"Participant" means the person intending to participate in the Program;  
"Representative" means employee, contractor, and voluntary assistant.

**PARTICIPANT NAME:** \_\_\_\_\_  
(Please print)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Parent or guardian must sign if participant is under 18 years of age)

**PARENT/GUARDIAN NAME:** \_\_\_\_\_  
(Please print If applicable)

## Participants Medical Information

Are there any medical sensitivities (ie. allergies, religious beliefs etc.) that would impact on any potential medical treatment? **YES/NO**. If yes, please list:

---

---

---

Please list any past or present illnesses or conditions and medications, which may effect ability to participate in the Workshop program:

---

---

---

## Photographic Release

I hereby give Gladstone Regional Council, its employees, and those acting with its authorisation the right and permission to copyright, use, and/or publish photographs and/or video of the participant in promotional materials, which include videos, catalogues, magazines, newspaper articles, brochures, and Council's Internet Web sites.

I hereby waive any right to inspect or approve the finished videos, photographs, advertising copy, or printed matter that may be used in conjunction therewith or to the eventual use that might be applied. I have read the foregoing photographic release and authorisation, before affixing my signature below, and warrant that I fully understand the contents thereof.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Parent or guardian must sign if participant is under 18 years of age)

## Participant Details

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about the workshops?

Newspaper  Flyer  Word of mouth  Other \_\_\_\_\_

Would you like to receive information about future workshops at the address above? Yes  No



A community cultural initiative of the Gladstone Regional Council

The Gladstone Regional Council is collecting the personal information to process your participation in the Gallery/ Museum Workshop program. The information will be only accessed by authorised employees within the Council. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.