

**Wooli Sports Club Inc.
Goanna Pulling Championships Registration Parent
Consent & Indemnity Form**



PO Box 145
WOOLI NSW 2462
ABN: 51 832 690 746

RELEASE

I am aware of the risk of my son/daughter competing in these activities and hereby release Wooli Sports Club Inc. its members, volunteers, sponsors and Clarence Valley Council from all liability for any injury to my son/daughter that may occur while they are participating in the Goanna Pulling Championships.

I hereby indemnify and agree to keep indemnified Wooli Sports Club Inc. and its members, volunteers, sponsors and Clarence Valley Council against all actions, liability suits, proceedings, demands, claims, costs, fines, fees and expenses suffered or incurred by the Sports Club or its sponsors as a result of any injury, loss or damage my son/daughter or any other competitor may sustain where such injury, loss or damage is caused by, or as a result of my their participation in the Goanna Pulling Championships. I agree that this indemnity shall bind my executors and assigns.

In case of emergency, I give permission for the Wooli Sports Club Inc. to give my son/daughter such immediate treatment and to take all such other action as is deemed appropriate by the members or volunteers of that club.

I take full responsibility for all costs incurred in obtaining medical treatment for my son/daughter in the event of their suffering, injury or damage during the course of, or as a result of, their involvement in the Goanna Pulling Championships.

I give permission for my son/daughter to engage in the Goanna Pulling Championships.

RISK WARNING

Taking part in the Goanna Pulling Championships may result in physical injury or harm.

Name of Participant:

D.O. B:/...../..... Weight:Kgs

Name of Parent/Carer:

Address:

Mobile:

Email:

Signed by Parent/Carer: Date:/...../.....

Signed by Participant:..... Date:/...../.....

OFFICE USE ONLY

Category:

Identification Sighted: Yes / No

Sighted By: