


Indemnity Form	
Service Area: Youth & Family Services –NSW	Program: headspace Port Macquarie

Name		Pronouns	
Preferred name		DOB	
Address		Phone	
Email		Emergency contact #	
2024 Activities	Art <input type="checkbox"/> Guitar <input type="checkbox"/> LGBTQIA+ <input type="checkbox"/> Fitness <input type="checkbox"/> Other <input type="checkbox"/> Holiday Activities <input type="checkbox"/>		
Photo Consent	I give permission for headspace to use my image for the purpose of headspace publications such as social media Yes <input type="checkbox"/> No <input type="checkbox"/>		

I, _____ have volunteered to participate in an Activity or Activities in the above period. I acknowledge that the nature of the Activity or Activities may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Activities, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release EACH from any and all liability to me and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Activities. I further agree to indemnify EACH from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Activities. I consent to receive and agree to pay for any medical treatment (including transport by ambulance) which is considered in the reasonable opinion of a medical professional.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my injury or death or damage to my property that occurs while participating in the selected Activity or Activities and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission.

Signature of participant	
Date	

Name of parent or guardian if participant is less than 16 years old	
Signature of parent or guardian if participant is less than 16 years old	
Date	

Verbal/written consent obtained & Date	
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