



QUIDDITCH AUSTRALIA'S STATE SHIELD 2019

LIABILITY FORM

PLEASE READ BEFORE SIGNING

To be allowed to participate in any way in Quidditch Australia, its related events and activities,

I _____, the undersigned, acknowledge, understand and agree that:
(Name of Participant)

1.0 The Quidditch Australia is not a formal organization in any legal sense. As such we cannot and do not take any responsibility for any individual who chooses to participate in events and activities organized by Quidditch Australia.

2.0 There are risks inherent in Quidditch activities and events (up to and including death), and while particular skills, equipment and personal discipline may reduce the risk, the risk of serious injury as well as loss and damage to property does exist.

3.0 In the event injury, the undersigned grants Quidditch Australia permission to administer first aid and/or to obtain emergency medical treatment for the participant. Quidditch Australia strongly recommends all participants to have full ambulance cover, if the participant does not, the undersigned agrees to pay all expenses incurred due to any injury involving participant in conjunction with the event/activity.

4.0 I agree to provide my contact details for Quidditch Australia to keep, and additionally an emergency contact's details to be used in the event of accidents and/or injury. Quidditch Australia will not give out any information to anyone except Quidditch Australia board members and the State Shield tournament director.

Participant's Phone Number: _____

Name of Emergency Contact: _____ Phone Number: _____

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENTS.

X. _____
PARTICIPANTS SIGNATURE AGE DATE SIGNED

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE

This is to certify that I, as parent/guardian with legal responsibility, do consent and agree to his/her release as provided above, and I agree to indemnify and hold harmless the releases from any and all liabilities incident to my minor child's involvement or participation within Quidditch Australia, to the fullest extent permitted by law.

X. _____
PARENTS/GUARDIAN'S SIGNATURE PHONE NUMBER DATE SIGNED