



Event participation/attendance Indemnity Form – Under 18

Chief Executive Officer
Holstein-Friesian Association of Australia
24-36 Camberwell Road
HAWTHORN EAST VIC 3122

I/we agree that my/our son/daughter/ward _____(Name)

who wishes to take part as a participant of a Holstein-Friesian Association of Australia event, either organised by Holstein-Friesian Association of Australia or one of its Sub or State Branches, shall participate in the activity/event at my sole risk and responsibility and without any liability to the Holstein-Friesian Association of Australia, Board, Staff or Members assisting in the activity/event for any loss or damage, accident or illness which may occur during or by reason of his/her/my participation in such activity/event, and I/we agree to indemnify the Holstein-Friesian Association of Australia, Board, Staff or Members or event supervisor against any claim, damages, fees and expenses whatsoever in respect thereof.

I/we hereby state that my/our son/daughter/ward suffers from the following medical condition and/or food allergy:

I/we further authorise the Association representative, in the event of any such illness or accident, to obtain all necessary medical assistance and treatment and transportation to medical assistance or hospital. I/we agree to pay all fees and expenses so incurred.

I/we authorise any qualified medical practitioner to administer to my/our son/daughter/ward an anaesthetic if they deem it necessary.

Should approval be given to any/my/our request for me/my/our son/daughter/ward to travel to and/or from the activity/event site independently, such travel shall be at my/our own risk in all things.

Event: _____

Parent/Guardian Name: _____

Emergency Phone Numbers: _____

Signed: _____ Date: _____