

Yarra City Council ABN 98 394 086 520

PO Box 168 Richmond VIC 3121

03 9205 5555 info@yarracity.vic.gov.au yarracity.vic.gov.au

Waiver Assumption of Risk, and Indemnity Agreement

<u>You</u> acknowledge that participation in the Event can be inherently dangerous and that <u>You</u> may be exposed to certain risks during the Event including, but not limited to, overexertion, equipment failure, dehydration, serious accidents, exposure to a risks associated including adverse weather conditions with the Event.

These risks can and often eventuate and they may result in <u>You</u> being personally injured or killed or <u>Your</u> property being damaged, or the event being cancelled. By entering into or participating in the Event:

You agree that:

You have read and understood the risks associated with participating in the Event and this warning and accept and assume the inherent risks in participating in the Event.

You are fully responsible for the security of <u>Your</u> personal possessions at the Event including other valuable items. <u>You</u> agree that Yarra City Council is not responsible or liable for the repair or replacement of any personal possessions whether lost, damaged or stolen.

If you are under 16 years you need consent from your parent/guardian to participate

in this NYE Basketball Competition: I give permission for _____ to (participant name) participate in the City of Yarra NYE Basketball Competition Lunderstand that: ☐ While every reasonable effort to minimise exposure to risk will be taken, all hazards and dangers associated with the activity cannot be foreseen or may be beyond control. ☐ Yarra Events will maintain up to date records consisting of the information on this form and other relevant information that can be accessed by Yarra Events staff. All information is kept private and confidential as per the Privacy and Data Protection Act 2014 ☐ Program staff cannot accept supervision responsibility for young people arriving early or staying after the listed hours of the event. Parent/Guardian signature:_____ Date: Parent/Guardian Name:___



PHOTOGRAPHY AND FILM PERMISSION:

City of Yarra will take photographs/videos of young people to use for promotional purposes such as social media, website and council publications.

Do you consent to City of Yarra taking photographs/video footage for these ourposes? ☐ Yes ☐ No
Parent/Guardian signature:
Date:

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