



Workshop Agreement and Liability Waiver

Workshop title and date _____

I, the undersigned, do hereby submit my application for attendance and participation in the above WikiHouseAU one day workshop. I fully understand that through the activities performed in the workshop are inherently safe and when performed properly injuries are rare, there are physical activities involved, and as such, participation includes minimum risk of injury. I hereby assume full responsibility for any damages, injuries, or losses to myself or to my property that I may sustain or incur, if any, travelling to/from and attending or participating.

I agree to hold harmless and waive my right to all claims against the instructors, sponsors, CNC Cutting solutions, Southport High School and Origen Architects Pty Ltd individually or otherwise. I fully understand that any medical treatment given in connection with the event will be of first aid only. I consent that any photos taken, video or other, of me in connection with this event can be used for publicity or promotion, and I waive compensation in regard thereto. I understand the promoter reserves the right to refuse acceptance of my application. I understand that the fee for the workshop has to be paid in full prior to the beginning of the workshop and if fees are not paid, or this waiver not signed, I will be excluded from participating.

I further understand that fees will not be refunded if I cannot attend for any reason but fees will be held in abeyance for attendance at the next available workshop.

I have read fully understand the above agreement waiver

Signature of participant _____ Date __/__/__

Print Name _____

Legal Guardian Signature (if under18) _____ date __/__/__

Print Name Guardian _____

Workshop title and date _____ _/ _/ _

PERSONAL INFORMATION

Participant name _____

Address _____

Parent (Guardian) name _____

Home Phone Number _____

Mobile Phone Number _____

Email
Address _____

Date of Birth ___/ ___/ _____

Emergency Contact _____

Contact's Relationship _____

Contact's Phone Number _____

Doctor's name /Contact Info _____

MEDICAL INFORMATION

Are there any problems /issues that we should be aware of? (Define) _____

Aleregies? _____

INSURANCE INFORMATION

Insurer / Medicare _____

Policy holder's name _____

Policy number _____

Group Number _____