



VOLUNTEER

PERSONAL INFORMATION FORM guardian consent

VOLUNTEER NAME

Given Names: _____ Preferred Name: _____

PARENT/GUARDIAN CONSENT FORM (under 18 years of age)

I, _____ being the parent/guardian of the above named, _____, confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity which the above named, will be asked to participate in and consent to him/her participating. I understand that the above named is engaged in volunteer activity. In doing so, I acknowledge that accidents causing death, bodily injury, disability and property damage can and do happen. I agree that neither the company, participants, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S) shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the above named or by me in or being present at the EVENT(S) except for any rights the above named or I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

While they are assisting Perth Social Club (PSC) and while their assistance is approved / controlled and/or known by PSC Management, they will be covered for Public Liability Insurance. While acting as a volunteer, a limited person accident insurance cover will be effected by PSC subject to terms and conditions of the policy. PSC retains ownership of the policy and retains discretion in terms of any benefits payable under the policy. Any incident which occurs in which injury or property damage to other parties may arise must be reported immediately or as soon as practicable to a Supervisor. Under the terms of Occupational Health and Safety Act 1985, all volunteers must follow all established practices, procedures and instructions of PSC which apply to the tasks for volunteers to perform. Volunteers are expected to perform the task with all due care, skill and diligence.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCALIMER IS VALID FOR ALL VOLUNTEER SHIFTS THAT MY DEPENDENT ABOVENAMED ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

Print Name: _____

Signature: _____ Date: _____