

QUEENSLAND AMATEUR FISHING CLUBS ASSOCIATION INCORPORATED

P O Box 3178 WEST IPSWICH Q 4305 PH/FAX 07 3281 3514 ABN 95 238 239 719 Incorporation No. IA00130

INDEMNITY AND RELEASE

All persons seeking membership of the Queensland Amateur Fishing Clubs' Association inc or IF NOT A MEMBER and participating in a SANCTIONED angling event must complete this document.

I am aware that it is a condition of participating in any official or sanctioned event that I do so at my own risk. I accept all risks and hereby release QAFCA inc and **the Club** and their respective officers, the event organisers, their representatives, agents, employees, members, volunteers, instructors and all instrumentalities and state or commonwealth authorities where the event is held and any person or body directly associated with this event from all claims, demands and proceedings arising out of or connected with my participation in this event and I indemnify them against liability for all injury, loss or damage to my person or property arising out of or connected with my participation in this event.

I am also aware that any person participating in angling, learning angling, training, or being involved with any vessel being used for or in connection with angling or participating in any activity carried out by QAFCA inc and **the Club** is only allowed to do so on the distinct understanding that they do so at their own risk.

This agreement shall be binding upon and inure to the benefit of the parties, their heirs, successors, administrators, assigns and personal representatives.

In consideration of being allowed to participate in the activities of **the Club**, which includes training for and participating in angling events,

I, (Please print FULL NAME)
Address Phone No.

do HEREBY ACKNOWLEDGE that I have read and understood the warning and indemnity above and agree to release and forever hold harmless from any liability, suit or action howsoever arising from QUEENSLAND AMATEUR FISHING CLUBS' ASSOCIATION inc and **the Club** and their respective officers, the event organisers, representatives, agents, employees, members, volunteers, instructors, and all instrumentalities and state or commonwealth authorities where the event is held and any person or body directly associated with this event in the event of my injury and/or death.

Signed Witness signed

Date// 20......

Name

(Please Print)

Signed on behalf of a minor - person under 18

I consent to the person named on this document to participate in activities with **the Club** and acknowledge that I have read and understand this waiver and agree to release QAFCA inc and **the Club** and their respective officers, the event organisers, representatives, agents, employees, members, volunteers, instructors, and all instrumentalities and state or commonwealth authorities where the event is held from any liability including **the Club's** acts of negligence to the fullest extent permitted by the law.

PARENT / PRIMARY CARE GIVER

Signed	Witness signed
Name	Name(Please Print)
Address	
Date// 20	