Risk Management & Insurance

Liability Release Form Activities (Adults 18yrs +)



Participants Name		
Address		Telephone number
Activities being participated in (e.g. skating, skateboarding, rock	-climbing)	
High & Loventure Ba	•	
I acknowledge that the activity described in the schedule can be had will take reasonable steps to provide a safe environment and to enstandard.	•	
I acknowledge that Fusion Australia will not be liable for any injury t in connection with, the activity described in the schedule incorporate		myself, which arises either directly or indirectly from,
I hereby agree to indemnify Fusion Australia against any and all cla or that I may cause to another person, as well as any loss or damage person, arising either directly or indirectly out of or in connection with	e to property, equipme	ent or personal effects belonging to myself, or any other
I agree that Fusion Australia may authorize on my behalf whatever attendance and hospital treatment) I agree to pay all medical expen		ay require. (This includes, but is not limited to, ambular
Information for emergency use only		
Person to contact in an emergency	Telephone Number	r of emergency contact
Name of Family Doctor	Doctor's Contact N	lumber
octor's Address		

Fusion Australia Privacy Statement:

Signed

Please note that all personal information will only be used for the primary purpose for which it is collected or in the limited circumstances set out in the Privacy Act. Information will be stored securely and will not be disclosed to others outside Fusion unless legally required to do so.

Dated