



TALENT RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____, acknowledge that I / my child have voluntarily applied to participate in the activities of the Hunter Connect & Surfers For Autism 1st Annual Beach Festival, on Saturday 15th February 2014 at Nobbys Beach, Newcastle, NSW.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____
Parent or Guardian's initials (if participant is under 18): _____

As consideration for being permitted by Hunter Connect and the City of Newcastle, to participate in these activities and use equipment, premises and facilities, I forever release Hunter Connect and the City of Newcastle, the Lessor, any Hunter Connect affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to my participation in these activities, the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

TALENT RELEASE

I hereby consent for no value received and without further consideration or compensation to the use (full or in part) of all videotapes, pictures taken of me and any member of my family and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, MY FAMILY AND HUNTER CONNECT FAMILIES INC., ITS AFFILIATES, AND THE CITY OF NEWCASTLE AND SIGN IT OF MY OWN FREE WILL.

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

NAME / SIGNATURE

AGE

NAME / SIGNATURE

AGE

A PARENT/GUARDIAN OF PARTICIPANTS UNDER 18 MUST SIGN