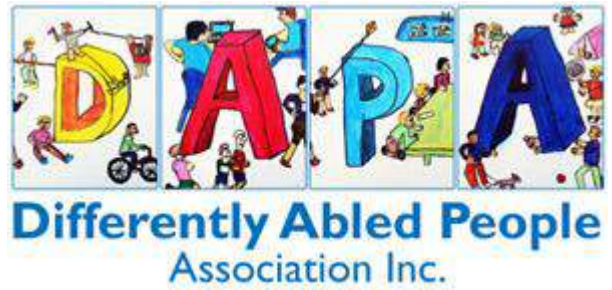


DIFFERENTLY ABLED PEOPLE ASSOCIATION INC.

Address | Unit 1, 378 Parramatta Road, Homebush NSW 2140
Website | www.dap.asn.au
Phone | T (02) 8090 0706
Email | info@dap.asn.au



DAPA Activity Participant Consent Form

In participating in activities organized and directed by the Differently Abled People Association, I, the undersigned Participant or the carer, represent that I understand the nature of the activities and that I am qualified, in good health, and in proper physical condition to participate in such activities.

I accept any listed charges and/or fees associated with the listed activities.

I also agree and approve that any photographs or video tapes taken by the Differently Abled People Association that include images of me will be used solely for the Differently Abled People Association marketing.

This document is intended to be as broad and inclusive as is permitted by law. If any provision or part of any provision is held to be invalid or legally unenforceable for any reason, the remainder shall not be affected and shall remain valid and fully enforceable.

Name of Activity: _____

Location of Activity: _____

Activity Date/Duration: _____

Type of Activity: _____

Event Charge/Fee: _____

Name of Participant: _____

Email Address: _____

LIABILITY WAIVER, RELEASE & INDEMNITY AGREEMENT

I agree to release, indemnify, and hold the Differently Abled People Association, its agents, officers and employees harmless from any and all liability claims, actions, judgments, damages or injuries of any kind and nature whatsoever to the participant and/or his property arising from participation in activities for which the participant is registering. I further acknowledge that I have familiarized myself with the description of the activities, understand the hazards and the participant's personal limitations and knowingly assume all risks. I acknowledge I have read and understand this Liability Waiver, Release and Indemnity Agreement, and understand that I am waiving any claim I might have against the Differently Abled People Association for any harm sustained as a result of any activity for which I am registering myself.

I hereby voluntarily agree and consent to the provisions above as so evidenced by my signature below.

As an employee of DAPA, I allow DAPA to deduct the Activity Fee from my employment remuneration

Signature of Participant and/or Legal Guardian:

Date:

DAPA Office Use Only

DAPA Management Approval :

Date: