



MEMBER RELEASE AND INDEMNITY FORM

Part A MEMBER DETAILS

Please complete the fields below

First Name [] Surname []

Member No [] Formation Name []

Part B MEMBER RELEASE AND INDEMNITY

In consideration of the Scout Association of Australia – Queensland Branch Inc accepting me or my child as a member or accepting me or my child as a non-member partaker in an activity(s) I/we agree to release, indemnify and save harmless; and at all times hereafter to keep released, indemnified and saved harmless the indemnified persons (as defined in Definition A) from and against all liability, claims, suits, demands or actions of whatsoever nature or description, including liability, claims, suits, demands or actions for negligence directly or indirectly arising out of or in relation to my/my child's attendance or conduct at, or travel to or from any Scouting Activity.

I/we agree to be bound by the Constitution Rules and Regulations of the Scout Association of Australia – Queensland Branch Inc being those existing as at the time of acceptance of me as a member/or non-member participating in a scouting activity and thereafter as lawfully modified and amended or added to from time to time.

I/we acknowledge that the intent of this Indemnity is that it may be pleaded in limitation of liability by the indemnified person with respect to any claim that may be brought against the indemnified person.

I/we acknowledge that the intent of this Indemnity is to benefit the indemnified person and agree for the purposes of Section 55 of the Property Law Act (Qld) that acceptance of me/ my child as a member of the Scout Association of Australia – Queensland Branch Inc or as me/ my child as a non-member attending a scouting activity will constitute an acceptance by all the Indemnified persons of the benefit conferred by this application for membership/non-member activity advice.

I/we authorise the Scout Association of Australia – Queensland Branch Inc and all other branches of the Scout Association of Australia in the event of accident or illness to myself/my child to obtain such medical assistance or treatment as may be necessary and for this purpose to engage any doctors nursing assistance or hospital accommodation or other procedures and in such an event I agree to pay for those expenses and if necessary reimburse the Scout Association of Australia – Queensland Branch Inc or any other branch of the Scout Association of Australia for such expenses on demand.

I/we acknowledge that as member/non member myself/my child may be exposed to risk of injury as a result of participating in scouting activities.

I/we acknowledge that if the Scouting Association of Australia-Queensland Branch Inc permits the member to partake in scouting activities such permission constitutes consideration for the above indemnity.

I/we acknowledge that I have been given an opportunity to read and consider this indemnity and have read and considered it to my satisfaction and I/we accept those terms.

I/we acknowledge that as a member of The Scout Association of Australia, Queensland Branch Inc. I/my child may participate in activities which may be photographed or filmed for publicity and archival purposes. This enables us to raise the profile of Scouting within the community. Photographs, footage and information gathered may be used in The Scout Association of Australia, Queensland Branch Inc promotional material including but not restricted to: newsletters, annual reports, brochures, posters, videos, letters and website. The Scout Association of Australia, Queensland Branch Inc would be happy to send you copies of promotional material if requested.

It is acknowledged that the information contained on this form will be scanned by the Association and the Association will hold an electronic copy of this form and the information contained in it. Consent is hereby given to these actions proposed by the Association.

Part C PARENT/GUARDIAN OR MEMBER

Where a Member is over the age of 18 years, signature is required in signature box. If no 2nd Signature, please state reason under 2nd Parent/Guardian box e.g. "Single Parent"

BHQ USE ONLY

1st Parent/Guardian or Member if over 18. Includes checkboxes for Mr, Mrs, Miss, Ms, Surname, First Name, Relationship to Member (Father, Mother, Guardian, Member Over 18), Signature, Date.

2nd Parent / Guardian. Includes checkboxes for Mr, Mrs, Miss, Ms, Surname, First Name, Relationship to Member (Father, Mother, Guardian), Signature, Date, Reason for no 2nd Signature.

BHQ USE ONLY. Includes Date, Processed, Processed by fields.

Definition A:- The term "Indemnified Persons" means and includes: The Scout Association of Australia, Queensland Branch Inc. (herein referred to as Scouts Queensland); Scouts Australia; all Branches of Scouts Australia; all subsidiary companies of Scouts Queensland; all subsidiary companies of Scouts Australia; every Director, Executive Officer, Officer, Employee, Leader, Member, Servant or Agent or person holding Appointments from Scouts Queensland or Scouts Australia or any Branch of Scouts Australia and any persons retained in any way by Scouts Queensland or Scouts Australia whether in official or unofficial capacity and whether a volunteer or otherwise to supervise, direct, watch over, or assist Members of Scouts Queensland or Scouts Australia thereof in Scouting Activities.