



INDEMNITY FORM

(to be completed by parent or guardian)

I give permission for my child
..... to busk at the Willunga Farmers Market (WFM).

I recognise that I must be responsible for my own safety and I understand that the manager, staff and stall holders (including voluntary staff) of the WFM are not able to accept liability for personal injury or loss or theft of property.

In the event of injury or illness, I authorise the WFM to obtain all necessary medical treatment including prescribed drugs / and or anaesthetic. I agree to pay all costs incurred including ambulance fees (please detail below any allergies to drugs and / or anaesthetic).

In consideration of you accepting my child to participate in the busking roster I do hereby indemnify you against all damages, cost, claims and demands which may be made against the Willunga Farmers Market, your employees, stall holders and volunteers in respect of, or arising out of, the attendance of my child busking at the Willunga Farmers Market, whether such be by or on behalf of the applicant or any other person.

Signed	Date
Relationship to child	
Telephone	Mobile
Emergency Contact	
Allergies to drugs / anaesthetic	
Any Other Information	