

**Workshop release and waiver of liability**

I, the undersigned, submit my application for attendance and participation in the Australian Wildlife Secrets one-day workshop (**Workshop**) (the details of which are noted on page 2 of this application).

To the maximum extent permitted by law, I agree to release, and I waive my right to all claims against:

* any instructor engaged by Wildlife Secrets Pty Ltd (**Wildlife Secrets**) to perform the Workshop (**Instructor**); and
* Wildlife Secrets,

for any and all loss, damage or injury to me or any children in my care, or to any of our property, sustained or incurred in connection with the Workshop including as a result of travelling to or from, or attending or participating in, the Workshop.

I acknowledge and agree that:

* the fee payable by me for my attendance at the workshop (**Fee**) must be paid in full before the commencement of the Workshop;
* if the Fee is not paid, or this waiver is not signed, I will be excluded from participating in the Workshop;
* the Fee will not be refunded to me if for any reason whatsoever I am unable to attend the Workshop;
* if I am unable to attend the Workshop, Wildlife Secrets may, in its absolute discretion, permit me to apply the Fee towards attendance at the next available Australian Wildlife Secrets workshop;
* due to the nature of the Workshop, its time, date and location are subject to change without notice. Where there is a change to the time, date and/or location of the Workshop, Wildlife Secrets may elect, in its absolute discretion, to refund the Fee or offer to me an alternative to the Workshop;
* some course material may contain discussions and/or graphic depictions of trauma or may be of an emotionally distressing nature, and that parents or guardians of children attending the course are responsible for those in their care in relation to the content of the Workshop.

I have read this release and waiver of liability and fully understand its terms.

Signature of participant / Legal Guardian (if under 18):

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Signature Date

**WORKSHOP TITLE AND DATE**

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**PERSONAL INFORMATION**

Name of Participant (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Number / email address of participant:

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