

NAME OF EVENT:

rebel Rookies Day

DATES/DURATION OF EVENT (SELECT ONE):

<input type="checkbox"/>	Participant
<input type="checkbox"/>	Coaches
<input type="checkbox"/>	Players

Location	Date	Tick Relevant
Melbourne	10/01/23	

NAME AND ADDRESS OF PARTICIPANT:

Event Participant - Waiver, Release and Acknowledgement Form

In this Waiver, Release and Acknowledgement Form Rebel Sport Limited ACN 003 283 823 ("Rebel") includes all affiliated entities; servants or agents of Rebel; and all employees and officers of Rebel.

Please read this document carefully before signing. This document has legal consequences and will affect your legal rights and will limit your ability to bring future legal actions.

By participating in the Event:

1. I acknowledge that it is a condition of participating in the Event that I do so at my own risk. I accept all risks and release Rebel from all claims, demands and proceedings arising out of or connected with my participation in the Event and indemnify them against all liability for any injury, loss or damage arising out of or connected with my participation in the Event including any violation of any right of publicity or privacy, or infringement or intellectual property and moral rights. This release continues forever and binds all of my heirs, successors, executors, personal representatives and assigns.
2. I acknowledge that it is a condition of participating in the Event that Rebel and any person or body directly or indirectly associated with the Event are absolved from all liability arising for injury or damage to myself howsoever caused arising out of my participation in the Event whatsoever whether due to any negligent act, breach of duty, default and/or omission on the part of Rebel and any person or body directly or indirectly associated with the Event, or otherwise.
3. I acknowledge that participating in the Event may involve a risk of serious injury or even death. I accept all risks necessarily flowing from participating in the Event.
4. I acknowledge that Rebel relies on the information provided by me and state that all such information is accurate and complete.
5. I warrant that I am physically fit to participate in the Event and that I have not been advised otherwise by a qualified medical practitioner. I acknowledge that I must disclose any pre-existing medical or other condition that may affect the risk that either myself, or any other person will suffer injury, loss or damage. I understand that it is my responsibility to continuously monitor my own physical and mental condition during the Event and I agree to withdraw immediately and to notify Rebel if at any point my continued participation would create a risk of danger to myself or to others.



6. I consent to receiving at my cost any medical treatment including ambulance transportation and emergency medical care that Rebel and any person or body directly associated with the Event think desirable as required during the event.
7. I acknowledge that it is a condition of participating in the Event that I follow the instructions of Rebel and any person or body directly or indirectly associated with the Event at all times. I indemnify and keep indemnified Rebel and any person or body directly or indirectly associated with the Event from all claims, demands and proceedings arising out of or connected with a failure by me to comply with rules and/or directions given to me by Rebel and any person or body directly or indirectly associated with the Event.
8. I agree to being filmed and/or photographed by Rebel during the Event ("Performance").
9. I hereby assign to Rebel all rights, title and interest in and to the Performance and all sound and video recordings and still images taken of, or in connection with the Performance (collectively, "Recordings"), and agree that all Recordings is or will be, from its creation, the exclusive property of Rebel (or its nominee(s)).
10. I perpetually and irrevocably approve and consent to the use, publication and transmission, within Australia and/or internationally, in whole or in part, in any medium or context, the Recordings (whether amended or not and whether on a one-off, continued or recurring basis) by indemnify Rebel, including without limitation in catalogue advertising, television, on websites and/or publications of Rebel ("Use").
11. I waive any right that I may have to inspect and/or approve the finished product or copy that may be used in connection with the Use, wherein my likeness appears.
12. I acknowledge and agree that sufficient consideration has been paid for the approval, consent, assignment and promises given above, and that I will not be entitled to any further fees, royalties or other payments for this agreement, the Performance or the Recordings.
13. I agree that Rebel may edit, digitally change or otherwise amend the Recordings.
14. I acknowledge and agree that Rebel is entitled to the benefit of this Agreement but is under no obligation to use or amend the Recordings.
15. I acknowledge that I am aged over 18 years, fully competent to sign this Agreement and that the details I have provided below are correct.
16. I acknowledge that I must pay a non-refundable amount of \$20 to participate in the Event and I will receive a gift bag, subject to availability.

Signature: _____ **Date:** _____

Print name in full: _____

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

DECLARATION OF MINORS – UNDER 18 YEARS OF AGE

If you are under the age of 18 years on the Event Day your parent or guardian must sign this declaration.

I certify that I am the parent/guardian of _____ who will be _____ years of age on the day of the Event and that they have trained for and have my consent to participate in the Event. I testify that I have read the above and acknowledge acceptance of the stated conditions on behalf of the minor specified above.

In consideration of the facilities provided to us, I myself, my executors, administrators and assigns and for the child/children/under age person/s (if applicable) absolutely release and discharge Rebel and any person directly or indirectly



associated with the Event from all claims, demands and proceedings arising out of or connected with participation in the Event that I or the child/children/under age person/s may suffer or sustain.

Signature of parent/guardian: _____ **Date:** _____

Print name in full: _____

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THE DOCUMENTS FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

DECLARATION OF ALLERGIES AND OTHER CONDITIONS

- For ALL ALLERGIES, please ensure you complete the Allergy Advice Form annexed; even if you / the participant does not suffer from Anaphylaxis, please complete.
- Please bring any necessary medications for treating you / the participant's Allergy in the unlikely event of an emergency.
- If you / the participant have a specific FOOD ALLERGY or DIETARY REQUIREMENT, we kindly request you bring food and drink with your / the participants name clearly marked
- In addition to the form, please notify us of any Allergies on the day of the Event (during Event registration and induction).

Condition	YES	NO	Comments
Allergies (if yes, please state)			
Anaphylaxis			
Asthma			
Diabetes			
Epilepsy			
Eczema			
Hayfever			
Heart Disorders			
Hearing Difficulties			
Speech Impediment			
Sight problems			
Other			

EMERGENCY CONTACT DETAILS

Emergency contact: _____ Emergency contact: _____
Relationship: _____ Relationship: _____
Contact Phone Number: _____ Contact Phone Number: _____