



**12<sup>th</sup> Australian Transplant Games  
3-10 October 2010**

**Waiver and general release of all liability.**

NB: this waiver should be returned to  
Transplant Australia (PO Box 592, North Sydney NSW 2059)  
by Friday 27 August 2010.

**Part 1: Waiver**

I hereby agree to information being released to the media and to being interviewed or photographed in connection with my participation in the 12<sup>th</sup> Australian Transplant Games in 2010.

**Part 2: General Release of all liability**

In consideration for the opportunity to participate in the 12<sup>th</sup> Australian Transplant Games to be held in Canberra from the 3<sup>rd</sup> to the 10<sup>th</sup> October 2010

I \_\_\_\_\_ (print name in full) on behalf of myself, my next-of-kin, my heirs, executors, administrators and assigns, hereby release and discharge Transplant Australia other venue representatives and agents for any injury, loss, or damage to my person or property and all expenses and costs, however caused, arising out of, or in connection with my participation in the 12<sup>th</sup> Australian Transplant Games to be held in Canberra in 2010 and associated activities and notwithstanding that the same may be contributed to, has been contributed to or occasioned by the negligence of Transplant Australia.

I am aware and agree that the release and discharge given by me to Transplant Australia includes their officers, directors, employees, representatives and agents.

I have discussed the possibility of any adverse effects of the games on my health with my physician who is in agreement with my decision to participate. I also confirm that I have been training for these games and am physically fit.

**Executed by:**

Name in Full: \_\_\_\_\_

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

Name of Witness & Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_