* 1. **INDEMNITY FORMS**

The following two documents are examples of indemnity forms used by BAP. Art Centre Consent and Indemnity Form 2017

I the undersigned, (full name and surname) Born / / would like to attend the Heart for Art programs organised by the BUTTERFLY ART PROJECT, which is being held in the Art Centre building adjacent to CAPRICORN PRIMARY SCHOOL. I agree to abide by the conduct rules instituted by BUTTERFLY ART PROJECT.

I confirm that my participation in the group and the related activities is entirely voluntary and I accept all risks associated therewith.

I understand that all sales of artworks created by myself may be claimed as solely owned by the Butterfly Art Project. These artworks may be displayed, reused and reworked in print or any other form in order to raise funds or increase the awareness and furthering of the project. All income generated from artworks created and selected for displaying and sale will be split by the Butterfly Art Project and the “artist” with terms agreed by a sales contract.

I agree that the Butterfly Art Project and/or any of their respective employees or partners shall not be liable for any loss, damage, injury or illness of whatsoever nature and howsoever caused, suffered by myself as a result, directly or indirectly, of attending any of the programmes and/or participating in the activities of the Butterfly Art Project and accordingly I shall keep the Butterfly Art Project and or any of their directors, employees or agents indemnified and shall hold them harmless against all claims for injury, loss or damage, from any cause howsoever arising suffered by me, arising from or incidental to the participation in the activities of the Butterfly Art Project.

I furthermore hereby give permission to the Butterfly Art Project to use any photographs or images of myself, that are taken by the Butterfly Art Project employees as a result of their attendance at the project, stipulating that the photographs or images may only be used for furthering the work of the organisation, and provided that they do not infringe the ordinary rights of the subjects.

I promise to keep contact to the Butterfly Art Project about educational issues arising around myself.

I accordingly waive and abandon any right to claim compensation from the Butterfly Art Project for the use of any photographs and hereby indemnify and hold harmless against the Butterfly Art Project from any such claims.

Signed at/in on this (day) of (month)

20 (year)

Signature: Print Name:

Identity Number:

Address:

#### CHILD PARTICIPATION CONSENT AND INDEMNITY FORM

I the undersigned, (full name and surname), guardian of, (full name and surname), born / / agree that my child may attend the Heart for Art program organised by the BUTTERFLY ART PROJECT (referred to as BAP in this form), which is

being held at

I agree that my child will abide by the rules of conduct instituted by BAP. I confirm that my child’s participation in the planned activities is entirely voluntary and I understand and accept all risks associated therewith.

I confirm that some of the artworks created by my child may be claimed as solely owned by the Butterfly Art Project. These artworks may be displayed, reused and reworked in print or any other form in order to raise funds or increase the awareness and furthering of BAP’s work. Any income generated from the sale of artworks created by my child and will be split by BAP and the “artist” with terms agreed to in a sales agreement.

I give permission to BAP to transport my child for field trips and other outings or excursions by private motor vehicle, or by public transport. Accordingly, BAP and/or any of their respective employees or partners shall not be liable for any loss, damage, injury or illness of whatsoever nature and howsoever caused, suffered by my child as a result, directly or indirectly, of attending any of the programmes and/or participating in the activities of BAP and accordingly I shall keep BAP and or any of their directors, employees or agents indemnified and shall hold them harmless against all claims for injury, loss or damage, from any cause howsoever arising suffered by my child, arising from or incidental to the participation in the activities of BAP.

I furthermore hereby give permission to the BAP to use any photographs or images of my child, that are taken by BAP employees as a result of their attendance at the project, stipulating that the photographs or images may only be used for furthering the work of the organisation, and provided that they do not infringe the ordinary rights of the child. I accordingly waive and abandon any right to claim compensation from BAP for the use of any photographs and hereby indemnify and hold harmless against BAP from any such claims.

Does your child have any specific/chronic medical conditions? If so please describe them:

Signed at/in on this (day) of (month) 20 (year)

Signature (Guardian/ Parent): Print Name:

Identity Number of Guardian/ Parent:

Address:

Telephone No. (Guardian/ Parent):

Additional emergency contact: (Name):

Relationship:

Contact Number: