



Activity Application and Agreement

Pool and John Street Oval

NOTE: This form is to be completed by anyone who wants to run a Repeat Activity throughout the year or an Out-of-Hours Activity at any Council owned venue. If any of your organisation's details change, we recommend you that you notify Council and provided the updated details on this form and submit to Council for their records.

CUSTOMER & ACTIVITY DETAILS					
Your Name/Organisation:		Phone Number (Mobile):			
		Landline:			
Contact Email:					
What is your event/activity called?					
How many people will be participating/involved?		Estimated Number of:		Children	Adults
				Spectators	Estimated Total:
What days will you use the Pool for your activity? <i>Tick those that apply</i>		Monday <input type="checkbox"/>	Thursday <input type="checkbox"/>		Sunday <input type="checkbox"/>
		Tuesday <input type="checkbox"/>	Friday <input type="checkbox"/>		Other Options: <i>e.g. special occasions, club nights etc.</i>
		Wednesday <input type="checkbox"/>	Saturday <input type="checkbox"/>		
Frequency (e.g. Every Friday; first Saturday of the month):					
Access Times		Entry Time:		Exit Time:	
Do you have a Public Liability Insurance of no less than \$20,000,000?		Yes <input type="checkbox"/> <i>Please provide a Copy of Certificate of Currency</i>		No <input type="checkbox"/>	
				How many First Aid Officers do you have?	
Contact Details of First Aid Officer(s) for your activity:		Name:		Phone:	
		Name:		Phone:	
		Name:		Phone:	
Have you contacted/notified following for your event?		<u>Police</u>		<u>Ambulance</u>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Not Required <input type="checkbox"/>		Not Required <input type="checkbox"/>	
				Other relevant agency? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required <input type="checkbox"/>	
Do you have a Risk Assessment Plan?		Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>Please provide a copy of the Risk Assessment Plan for your Activity</i>	

Release and Indemnity

In consideration of Cook Shire Council ("Council") issuing me/us with *The Approval* for the purpose described or allowed under *The Approval* ("the activity/activities"),

I/we: _____

1. release and discharge Council and Council's agents, servants, officers and insurers ("the Related Parties") from and in respect of all liability, claims, losses, damages or proceedings which I/we may have (either now or accruing in the future) against Council and/or the Related Parties in respect of, or arising out of, or in connection with the activity/activities;
2. agree that the release and discharge given under clause 1 may be pleaded by Council and the Related Parties as a bar to any action, suit or proceeding commenced now or taken at any time by Council and the Related Parties, against Council and/or the Related Parties, or to which Council and/or the Related Parties is or are joined as a party or parties, in respect of, or arising out of, or in connection with the activity/activities; and
3. agree that I/we am/are liable for and shall indemnify Council and the Related Parties against any liability, claim, loss, damage or proceeding in respect of, or arising out of, or in connection with the activity/activities.
4. The release and indemnity provided by you under 1-3 is, however, reduced to the extent that the Council and/or any of the Related Parties have caused or contributed to the relevant liability, claim loss or damage.

If Approval Holder is an Individual:

SIGNED by: _____

Name

Signature

On this _____ day of _____ 20____

If the Approval Holder is a Corporation:

SIGNED for and on behalf of: _____

Name of corporation

By: _____

Name

Signature

On this _____ day of _____ 20____

INFORMATION PRIVACY STATEMENT

You are providing personal information which will only be used for Council business activities specific to your application. Your personal information is managed in accordance with the *Information Privacy Act 2009*, will only be handled by persons authorised to do so and will not be disseminated unless you have given Council permission to do so or the disclosure is required by law.

APPROVAL

Approved: Yes No

Conditions:

Authorising officer: _____

Signature: _____

Date: _____