

## Calisthenics ACT Indemnity Form

I/We the undersigned parent(s)/Guardian(s) of \_\_\_\_\_

of (address) \_\_\_\_\_

Phone \_\_\_\_\_

acknowledge that I/she/he is competing in the  
competition with a known injury. \*

Date injury sustained: \_\_\_\_\_

Details of injury: \_\_\_\_\_

Treatment receiving: \_\_\_\_\_

I/We understand that any further damage to the injury sustained in the course of, or consequent upon the competitor's entry or participation in, this competition will not be the responsibility of Calisthenics ACT Inc (Cali ACT), or any individual concerned with and involved in the conduct of the event on behalf of Cali ACT.

Cali ACT reserves the right to withdraw the competitor if in the opinion of the adjudicator or the stage manager further participation will be detrimental to the health or well-being of the competitor.

Signed: \_\_\_\_\_ (Parent/Guardian if under 18 years) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Competitor if 18 years or over) Date: \_\_\_\_\_

Witness: \_\_\_\_\_ (On Behalf of Cali ACT) Date: \_\_\_\_\_