



PERFORMING ARTS HEADQUARTERS
 IMPRESARIO THEATRE
 P.O. Box 670
 BACCHUS MARSH
 VICTORIA 3340
 Ph: (03) 5367 6864
 ABN: 68 116 047 566
 Email: info@pahq.com.au
www.pahq.com.au

INDEMNITY FORM

Student Name: (Print Name)

Under 18 Years of Age

I, (Parent/Guardian to Print Name)

fully understand the nature of PAHQ’s classes and give my consent for my child to participate, knowing and accepting that PAHQ ensures that activities are carried out responsibly and with attention to safety. I understand that I am responsible to pay all medical costs, which may occur as a result of my child’s actions to him/herself during these classes. I also give my permission for persons authorised by PAHQ to seek appropriate medical aid in the event that my child is injured. I shall, on demand, indemnify and keep indemnified PAHQ against all reasonable costs, charges, expenses liabilities, outgoings, and payments which PAHQ pays, is liable to pay, or sustains in anyway arising from any circumstances which may occur during my child’s attendance at classes, workshops, rehearsals, performances or any other event.

Signed:.....
 (Parent/Guardian Signature)

Date:.....

Over 18 Years of Age

I, (Print Name)

fully understand the nature of PAHQ’s classes and as such agree to participate at my own risk, knowing and accepting that PAHQ will ensure that activities are carried out in as safe a manner as is reasonable. I agree to abide by any guidelines set out by PAHQ and to follow the instructions given by the teachers. I also undertake to pay all medical costs that may be incurred by me and/or by anyone as a result of my actions while participating in classes, workshops, rehearsals, performances or any other event. I shall, on demand, indemnify and keep indemnified PAHQ against all reasonable costs, charges, expenses, liabilities, outgoings and payments which PAHQ pays, is liable to pay or sustains in any way arising from any circumstance which may occur during my attendance at classes, workshops, rehearsals, performances or any other event.



SCHOOL OF
MUSIC
DANCE
DRAMA
PERFORMING ARTS
HEADQUARTERS

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PERMISSION TO USE IMAGE

Occasionally, Performing Arts Headquarters will use photographic and videotaped images of its students in publicity and promotional material.

Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian (if the named above is under 18 years): _____

- I give Performing Arts Headquarters permission to use photographic and/or videotaped images of my child and/or myself (listed above), and I DO give permission to use my or my child's name.
- I give Performing Arts Headquarters permission to use photographic and/or videotaped images of my child and/or myself (listed above), but I DO NOT give permission to use my or my child's name.
- I DO NOT give Performing Arts Headquarters permission to use photographic and/or videotaped images of my child and/or myself (listed above).

I understand that I may revoke permission to use photographic and/or videotaped images of my child and/or myself (listed above) at anytime by contacting PAHQ in writing:
PAHQ, PO Box 670, Bacchus Marsh VIC 3340

Signature of Student (if Over 18) or Parent/Legal Guardian:

Date: