Sign on Register for Volunteers

Site:_____ **Council:** _____

Coordinator:_____ **Date:** _____

PLEASE READ BEFORE SIGNING:

The participant (signed below) agrees that:

- **They are covered under Keep Australia Beautiful Council's personal accident and public liability insurance policy for volunteers only during the time they are signed on for the activity and on the date given above.**
- **Keep Australia Beautiful will not be liable for: any acts or omissions, negligence or fault of any person participating in the activity; any loss or damage to property owned by, or in the possession of the participant.**
- **The participant is only covered by KABC WA insurance if all details below are true and correct.**

Please note: Parents / Guardians must accompany and sign this form on behalf of any children under 16 years of age.

NAME *(please print)*	**START TIME**	**END TIME**	**SIGNATURE**

Sign on Register for Volunteers

NAME *(please print)*	**START TIME**	**END TIME**	**SIGNATURE**