



INDEMNITY FORM

I hereby grant permission for my daughter/son to train for and to attend the Australian Little Athletics Championships / Australian Multi-Event Championships, to be held in Canberra, ACT during April 2020

I hereby indemnify Little Athletics ACT and its representatives against all claims arising in relation to the Australian Little Athletics Championships/Australian Multi-Event Championships, through illness, accident or any other cause.

I authorise the team officials to obtain medical or hospital treatment which, in the opinion of a qualified Medical Practitioner, may be necessary during the course of the championships. I accept responsibility for the payment of all costs incurred by way of such treatment, as well as any other costs directly related to the well-being of my daughter/son.

Australian Capital Territory Little
Athletics Association Inc.
ABN 88 116 713 363

Woden Athletics Centre
Corner Kitchener and Ainsworth
Streets
Phillip ACT 2606
PO Box 5094
Garran ACT 2605

Tel 02 6247 1296
Fax 02 6247 1297
administration@actlaa.org.au

littleathletics.com.au

Foundation for all Sports