

ORGANISATION VISITOR CONSENT & WAIVER AGREEMENT

This AGREEMENT is made on the _____ day of _____

Between

GREENFIELDS GALLERY

ABN: 71 403 537 046

And:

PARTICIPANT.

Parties

(1) GREENFIELDS GALLERY

Address: 945 Neusa Vale Road, Kin Kin QLD 4571

ABN 71 403 537 046

Signature: _____

Name: ROBYN GLADE-WRIGHT

Title: OWNER/OPERATOR OF GREENFIELDS GALLERY

(2) PARTICIPANT

Full legal name: _____

Address: _____

Date of Birth _____

Australian Drivers Licence _____

or

Passport Number _____

Signature: _____

(4) GROUP/ORGANIZATION REPRESENTATIVE (if applicable)

Full legal name of group/organization:

Address: _____

Name and position of authorized representative:

Signature: _____

This FULL AGREEMENT has been viewed by PARTICIPANT at:

https://greenfieldsartgallery.com.au/release_form

and signature of this paper form acknowledges full understanding of this FULL AGREEMENT.