

MINOR 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 _____

- (3) PARENT/LEGAL GUARDIAN (if Participant is a minor)

Full legal name: _____

Address: _____

Date of Birth _____

Relationship to Participant: _____

Signature: _____