

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: _____

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.