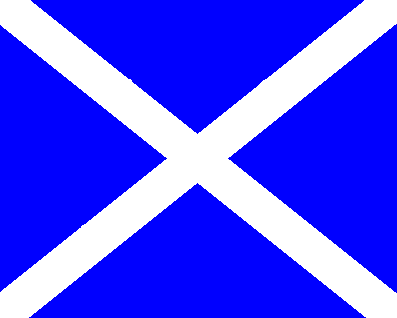
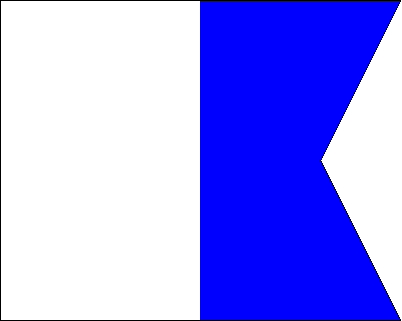
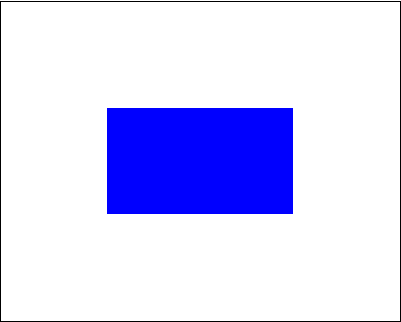
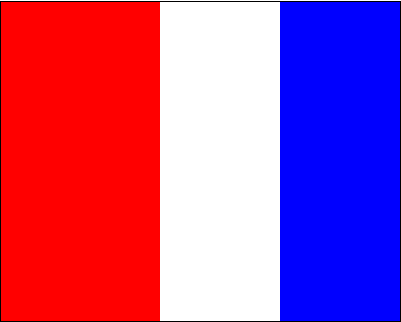
**NSW Fishing Industry Training Committee Ltd**

ACN 002 693 281 t/a

**SEAFOOD TRAINING NSW**

**MARITIME AND SAFETY TRAINING NSW**

P.O.Box 121 Woy Woy NSW 2256 Suite 7, 11-13 The Boulevarde Woy Woy NSW 2256

Phone: 02 4344 1366🢭 Fax: 02 4344 1377🢭 Mobile: 0428 1966 99 nsw.fitc@optusnet.com.au

ASQA No: 90440 Legal Org: 40478

**General Boat Licence Practical Course Liability Release.**

**DECLARATION**

**Liability**

I acknowledge and agree that in applying to participate in any course conducted by NSW Fishing Industry Training Committee Ltd (NSW FITC), Maritime and Safety Training NSW (MAST), Seafood Training NSW or IceWater Marine Training that the nature of the activities required to be carried out by me as part of the course are such that it would be unreasonable for NSW FITC or IceWater Marine Training to be in any way responsible for any injury to or death to me or to damage to my property and I hereby, to the full extent permitted by law, waive all my legal rights of action against and fully release NSW FITC and IceWater Marine Training for loss, damage, injury or death and loss or damage to property howsoever arising out of or in relation to my participation in the course conducted and/or organised by NSW FITC/IceWater Marine Training including without limitation liability for any neglect or tortious act or omission, breach of duty, breach of contract or breach of statutory duty on the part of NSW FITC and/or IceWater Marine Training, its office bearers, servants or agents.I also acknowledge and agree that I undertake any course and activity associated with that course organised by NSW FITC/IceWater Marine Training freely, voluntarily and absolutely at my own risk with a full appreciation of the nature and extent of the risks involved in undertaking the course. This waiver will bind me and my executors and assigns.

I have read and understood this waiver of my legal right.

* I understand that information and results from any enrollments contained in these forms may be provided to State and Commonwealth agencies and research organisations, and the National Centre for Vocational Educational Reseach (NCVER) and I consent to that occurring.
* Personal information will be managed in accordance with thw personal Information Act 2004 and may accessed by the individual to whom it relates on request to the Manager.
* I consent to the publication of my photogragh/video for promotional purposes. (If this is not acceptable please delete and initial)
* I accept that no results will be awarded in any course if my enrollment fees are not paid and I acknowledge that fees are due for all modules/units commenced, regardless of completion.

**Participant’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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