



**ADELAIDE MALE VOICE CHOIR INC.**

**MEMBERS & HELPERS DECLARATION  
FOR REHEARSALS, PERFORMANCES AND MEETINGS  
January 2017 - December 2017**

**MEMBER'S / HELPER'S NAME** .....  
(Please Print)

**CURRENT HOME ADDRESS**

Street .....

Suburb ..... Post Code .....

Telephone ..... Mobile .....

Email .....

**DECLARATION.**

Whilst participating in Rehearsals, Performances and Meetings:

- I understand that I am the person who is fully responsible for the state of my health and I undertake to do all that is necessary so as not to place other participants under stress or duress or to put them in danger because of the state of my health or my behaviour.
- I hereby declare that to the best of my knowledge I am fit enough to attend Rehearsals, Performances and Meetings and agree to advise the Musical Director immediately should my state of health change.
- I hereby declare that I will only participate in Rehearsals, Performances and Meetings where I am physically capable.
- **In the case of any accident, illness or emergency please contact:**

**PRIMARY CONTACT**

Name ..... Relationship .....

Tel: ..... Mobile .....

**SECONDARY CONTACT**

Name ..... Relationship .....

Tel: ..... Mobile .....

Signed ..... Dated .....

**AMVC Privacy Statement:**

**Information provided shall be kept private and confidential within the confines of the Adelaide Male Voice Choir and shall only used in the event of an emergency.**