ADELAIDE MALE VOICE CHOIR INC.

MEMBERS DECLARATION
2026

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 to attend Rehearsals, Performances and Meetings and I will only participate in Rehearsals, Performances and Meetings where I am physically capable.
  - I will advise the Musical Director immediately should my state of health change.

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.