

## CHILD BUSKING, PARENTAL RELEASE FORM

Name of the child:		Age of the child:	
Name of Parent/Guardian:			
Address:			
Contact no:		Mobile:	

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_  
(name of parent or guardian) (name of child)

to engage in the activity of busking at \_\_\_\_\_  
(location of busking activity)

during the hours of \_\_\_\_\_ on the following days \_\_\_\_\_  
and, I undertake to:

- supervise my child at all times during the busking activity
- ensure the busking activity will not jeopardize the child's safety
- not cause any obstruction to pedestrian traffic
- not interfere with access to neighbouring businesses

In consideration of the Council granting the permit for my child to engage in the activity of busking, I indemnify and will keep the Alpine Shire Council indemnified against any claims arising out of all injuries and damage suffered by any person whatsoever including myself and my child.

Signed by the Parent/Guardian: \_\_\_\_\_

in Victoria in the presence of \_\_\_\_\_  
(witness signature)

Name of witness: \_\_\_\_\_  
(please print)

Date: \_\_\_\_\_