

# APPLICATION FOR JUNIOR DEVELOPMENT PROGRAM



I (First Name)		Surname	
Residential Address			
Home Phone	Mobile	Birth Date (day/month/year)	
Email Address			

Signature of Applicant ..... Date .....

### Parent or Guardian MUST complete the following sections

I (First Name)		Surname	
Home Phone		Mobile	
Email Address			

### Release and Waiver

I agree and consent to my child as named above becoming a participant in the Junior Development Program.

I hereby release, discharge and waive any suit, action, claim or any other proceeding of any nature that might otherwise be brought against Cats NSW Incorporated or any affiliate, judge, steward, official or any person acting on behalf of Cats NSW Inc regarding any injury or illness arising or alleged to have arisen in any manner whatsoever out of my child's participation in the Cats NSW Junior Development Program.

I voluntarily execute this Release and Waiver in full knowledge and appreciation that my child will, during his/her participation in the program, be exposed to and will handle cats, and will be in show halls in the presence of many people and cats.

I also fully understand that the execution of the Release and Waiver is a condition of my child's participation in the program.

Signature of Parent/Guardian ..... Date .....



**Publicity Release**

I authorise Cats NSW Inc, the Cats NSW Inc Junior Development program, or their assignees to record and photograph my child's image and/or voice for use in research, educational programs and promotional programs.

I also recognise that these audio, video and image recordings are the property of Cats NSW inc. and the Cats NSW Junior Development Program.

I understand and accept that use of these audio, video and image recordings is without remuneration or compensation to the Applicant nor his/her Parent/Guardian.

Signature of Parent/Guardian ..... Date .....

Please forward your Application Form to:

The Secretary CATS NSW Inc

P.O. Box 478

Belconnen

ACT 2616