

## EXHIBITORS AGREEMENT

As an Exhibitor at Careers Day Out you are required to agree to the following operational conditions, conditions of indemnity and to complete the attached Safety Checklist.

You must also ensure that you have the appropriate delegated authority from your organisation to sign this agreement.

**Name:** \_\_\_\_\_

**On behalf of:** \_\_\_\_\_

**Organisation Contact:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**ABN:** \_\_\_\_\_

I agree to be bound by the reasonable directions of the Careers Day Out Committee.

I acknowledge that we have appropriate Public Liability and Professional Indemnity Insurance Policies to cover our organisation in the event of a claim being made against us in relation to our participation in the activity.

### INDEMNITY

We undertake to indemnify Careers Day Out committee against all actions, claims, demands and suits which may arise out of any act or omission on the part of the above named group, its members, guests and or invites when participating in the Careers Day Out.

- I agree to exhibit at Careers Day Out at my own risk.
- I agree not to make any claim against Careers Day Out for any injury / loss sustained at Careers Day Out.
- I agree to exhibit at my own risk and to indemnify Careers Day Out committee together with any organisation or person involved in the conduct of Careers Day Out against all claims, suits, actions or demands which may be brought in respect of any injury or other loss sustained by my organisation in the course of exhibiting at Careers Day Out.
- I agree to exonerate the committee of management of Careers Day Out together with any other organisation or person involved in the conduct of the event from all loss or injury to my organisation whether due to alleged negligence or otherwise.

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

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