

Dignity of Risk Indemnity Form

Participant Details	
Name	
Address	
Phone	
Email	
Advocate or Guardian	

RISK WARNING AND EXCLUSION OF LEGAL LIABILITY

This form must be signed by the participant prior to being accepted as a Participant. This form is designed for Participants who wish to undertake additional activities that may cause risk to themselves. Our Duty of Care is to inform each participant of the risks to them if undertaking this activity, if the participant wishes to partake in this activity, it is at their own risk.

Please read carefully the following acknowledgements and assumptions of risk relating to activities provided by the provider as outlined above:

- A. I, _____ acknowledge that detrimental and risky activities that I choose to undertake might carry some risks and/or dangers which could include physical injury that may result in permanent disability or death, and economic loss or damage.
- B. I acknowledge that I have been advised that this activity may be detrimental to my health or may result in serious injury. I have also been informed of the potential risks.
- C. I agree that Life Choice cannot prevent me from undertaking this activity. If Life Choice feels that I may be injured or may suffer a serious Health related matter. Life Choice may choose to refuse support for this activity.
- D. I have/will carefully take into consideration risk/s involved, before participating in activities offered
- E. I agree that should I choose to participate in the activities offered, it will be entirely at my own risk. The proposed activities are (please list):

I, _____, confirm that I have read and understood and accept the terms and conditions of the above Indemnity associated with receipt of services. I acknowledge that at no time must I put Life Choice staff at risk of harm or injury. I acknowledge that I have seen my regular GP within the past 30 days and my GP has advised that the proposed activity/activities can proceed without any health-related impacts.

Participant / Advocate Signature If applicable		Date:
Staff Member		Date

This form will be scanned and placed on the participant's file and retained. If requested, a copy of this form will be made available to the participant and/or the participant's parent or guardian.