



This form is to be completed by the responsible person (Organiser of event) prior to attending KGT Employment.

Organisation Name: _____

Contact Person: _____

Contact Number: _____ Time: _____

Date of Event: _____ Number of Attendees: _____

COVID-19 Liability Release Waiver

Due to the outbreak of the Coronavirus (COVID-19), KGT Employment (Kimberley Group Training Inc.) is taking extra precautions with the care of our community to include health history review procedures in compliance with SafeWork Australia guidance.

Symptoms of COVID-19 include:

- * Fever
- * Fatigue
- * Dry Cough
- * Difficulty Breathing
- * Shortness of Breath
- * Persistent Pain in the Chest

_____ confirm/agree to the following:

Organisation Name

- All attendees affirm that they, as well as all household members:
 - Understand the above symptoms and affirm that they do not currently have, nor have experienced the *symptoms listed above within the last 14 days.
 - Have not been diagnosed with covid-19 within the past 30 days.
 - Have not knowingly been exposed to anyone diagnosed with covid-19 within the past 30 days.
 - Have not travelled outside of the country or to any location considered to be a "hot spot" for covid-19 infections within the past 30-days.
 - All attendees will check in at KGT reception via WA Safe app or paper based covid register.
- All attendees are **fully vaccinated (x2 Doses of Covid-19 Vaccination)** and **proof of vaccination** has been sighted by _____
Organiser of Event
- All attendees contact details have been recorded and will be made available to KGT Employment in the event of a confirmed positive Covid-19 case.
- _____ understand that KGT Employment cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each attendee.
Organisation Name

By signing below, _____ agree to each statement above and release KGT Employment from any and all liability for unintentional exposure or harm due to COVID-19.
Organisation Name

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.

Name: _____ Date: _____

Signature: _____