



Mobile: 0481 811 555
<http://anger.org.au>
angermanagementgc@gmail.com



INDEMNITY AND RELEASE

I, _____ HEREBY VOLUNTARILY AGREE TO ATTEND THE OPTIMAL HEALTH GROUP ANGER MANAGEMENT PROGRAM, OR AS MANDATED BY THE COURT OR PROBATION & PAROLE AT ALL TIMES UNTIL I HAVE COMPLETED SUCH COURSE.

I NOTE THAT THE COURSE HAS TO BE COMPLETED WITHIN SIX (6) MONTHS OF START DATE OTHERWISE NEW FEES WILL HAVE TO BE PAID.

FURTHER, I HEREBY **INDEMNIFY** THE PROGRAM CO-ORDINATORS, STAFF, SECURITY OFFICERS, AND ANY PRESENTERS FROM ANY INJURY AND/OR LOSS DAMAGE OF ANY FORM OR ANY OTHER ACTION IN THE EVENT OF ME ATTENDING SUCH PROGRAM OR TRAVELLING TO AND FROM SUCH PROGRAM.

I **ACKNOWLEDGE** THAT SPEAKERS AND CONTRIBUTORS TO THIS PROGRAM CAN BE VOLUNTEERS WORKING FOR A COMMUNITY ORGANISATION AND ENGAGED IN COMMUNITY WORK AND AS SUCH, DO NOT INCUR ANY PERSONAL CIVIL LIABILITY IN RELATION TO ANY ACT OR OMISSION DONE OR MADE BY THAT VOLUNTEER IN GOOD FAITH WHEN DOING COMMUNITY WORK (SECTION 39 OF THE *CIVIL LIABILITY ACT 2003*).

I **ACKNOWLEDGE** THAT WHILST SOME OF THE PROGRAM VOLUNTEERS HOLD PROFESSIONAL QUALIFICATIONS, THE VOLUNTEERS ARE NOT GIVING PROFESSIONAL ADVICE TO PERSONS ATTENDING THE PROGRAM. ALL PERSONS ATTENDING THE PROGRAM SHOULD RELY UPON THEIR OWN INDIVIDUAL PROFESSIONAL ADVICE AND NOT UPON STATEMENTS MADE BY PROFESSIONAL VOLUNTEERS OR STAFF.

I ACKNOWLEDGE THAT IT HAS BEEN EXPLAINED TO ME THAT FROM TIME TO TIME THERE WILL BE VISUAL PRESENTATIONS THROUGHOUT THE COURSE OF THE PROGRAM. THESE VISUAL PRESENTATIONS MAY BE IN THE FORM OF VIDEOS, SLIDES, PHOTOGRAPHS AND OTHER MEDIA. SUCH PRESENTATIONS MAY BE CONSIDERED TO BE DISTURBING TO SOME VIEWERS AND I UNDERSTAND THAT I CAN LEAVE THE ROOM AT ANY TIME WHILST SUCH PRESENTATIONS ARE BEING MADE AND RETURN WHEN THEY ARE FINISHED. IF I ELECT TO STAY IN THE ROOM, THEN I INDEMNIFY THE COORDINATORS AND PRESENTERS AGAINST ANY LIABILITY AND ACTION IN RELATION TO THE DISPLAY OF SUCH PRESENTATIONS.

I ALSO NOTE THAT NO ALCOHOL, OR OTHER DRUGS, RUDENESS, ABUSE, FOUL LANGUAGE, INTERRUPTING BEHAVIOUR WILL BE TOLERATED. I UNDERSTAND I CAN BE ASKED TO LEAVE THE PROGRAM AND THE PREMISES SHOULD I DO SO. I NOTE NO RECORDING OR ELECTRONIC EQUIPMENT IS ALLOWED FOR NOTETAKING.

SIGNATURE: _____ Page 1/2

AUTHORITY FOR KEEPING STATISTICS OF RE-OFFENDERS

I **HEREBY** AUTHORISE YOU TO SEARCH THE RELEVANT DEPARTMENT RECORDS FROM THIS DATE FORWARD, FOR THE PURPOSE OF KEEPING STATISTICS FOR THE OPTIMAL HEALTH GROUP ANGER MANAGEMENT PROGRAM, AND QUALITY ASSURANCE IN CASE I OFFEND OR RE-OFFEND WITH ANGER RELATED CHARGES IN THE FUTURE.

PLEASE PRINT CLEARLY

DATE: _____ / _____ / _____

FULL NAME: _____

ADDRESS: _____

_____ Post Code _____

PHONE: _____ D.O.B: _____

SIGNATURE: _____ OCCUPATION _____

PAID () NOT PAID ()

WHO REFERRED YOU TO OUR PROGRAM?

(NAME OF YOUR SOLICITOR / FRIEND / JUDGE / POLICE ETC.)