

Portable Shade Structure Application Form

Name of Organisation >>	<input type="text"/>		
Contact Name >>	<input type="text"/>		
Position >>	<input type="text"/>		
Mailing Address >>	<input type="text"/>		
	<input type="text" value="Postcode"/>		
Phone >>	<input type="text"/>	After Hours Phone >>	<input type="text"/>
Email >>	<input type="text"/>	Fax Number >>	<input type="text"/>
Description of Event (E.g. Athletics Carnival or Capsicum Festival) >>	<input type="text"/>		
Date(s) of hire >>	<input type="text"/>		

This organisation has public liability insurance in excess of \$10million **Yes / No**
(Please attach a copy of your public liability insurance details.)

A hire fee of \$20 for each marquee is payable to HPC for administration and replacement. This can be paid in cash or cheque made out to Health Promotion Connections Inc. Should the marquee be returned damaged the organisation which borrowed it will be responsible for meeting the cost of the repair.

Marquees required: 6m x 6m 3m x 3m 3m x 3m

Total Cost: \$ _____



Applicant's Declaration >>

Health Promotion Connections (HPC) will only provide the Portable Shade Structures if you agree to the following conditions. You should carefully consider your position, and take advice if necessary, before agreeing to these conditions. If your organisation is not prepared to agree to these conditions, then you must not sign this application or borrow the shade structures.

1. I agree to indemnify against all actions, claims, demands, costs, losses, damages and expense which may be brought against or made upon Suncorp or the HPC Inc or where HPC Inc or Suncorp may incur by reason of the use of the shade structure/s whether in respect of injury or damage to any person, animal, plant or thing, whether on the property or elsewhere and whether or not such person, animal, plant or thing is under my custody and control and whether damage to persons or property arises directly or indirectly, negligently or not, on the applicant organisation's part on the part of Suncorp or the HPC or otherwise. I hereby release and discharge Suncorp and the HPC from all actions, claims, demands, costs, losses, damages or expense which but for this agreement might be brought against or made upon Suncorp or the HPC by the applicant organisation or anyone claiming through the applicant organisation.
2. I have sighted and received a copy of the assembly manual for the Portable Shade Structures. I agree to comply with the instructions provided by HPC and to follow the procedure in the manual for assembly of the Shade Structure.

Signature of President, Secretary, Principal or Delegated Person >>

Signature: Printed Name:

Date:

Note:

This application form must be returned to HPC at least one week prior to the hire date. Send to:

Health Promotion Connections
PO Box 772
Bowen QLD 4805

Fax number: (07) 4786 5945

Please contact the office on 07 4786 5941 to arrange times for pick up and drop off:

Office use only >>

Hire fee received by HPC staff: and date:	Date of return:

