



# GLADSTONE REGIONAL COUNCIL

Calliope Office, 5 Don Cameron Drive (PO Box 231)

Calliope QLD 4680

Phone: (07) 49758100 | Fax: (07) 49757106

Email: [info@calliope.qld.gov.au](mailto:info@calliope.qld.gov.au) Web: [www.gladstonerc.qld.gov.au](http://www.gladstonerc.qld.gov.au)

## CASUAL USER OF COUNCIL FACILITIES LIABILITY INSURANCE ACKNOWLEDGEMENT AND DECLARATION FORM

I, \_\_\_\_\_

Hirer's Name (s)

of \_\_\_\_\_

Address

Acknowledge that Gladstone Regional Council (herein referred to as "Council") has in place a Liability Insurance Cover with a \$2,000 Policy Deductible (Excess) and Limit of Indemnity of \$10,000,000 for Casual Users of Council facilities at no cost to the Casual User.

I further acknowledge that I have read the following clause which provides an understanding of what constitutes a Casual User for the purpose of this Insurance cover.

### Casual User Coverage:-

The Liability Insurance policy cover is restricted to Hirers who can be described as non-commercial, not incorporated and irregular users of Council facilities.

Casual Hirers are further defined as third parties who hire Council facilities for no more than a total of ten (10) days over a twelve (12) month period.

No cover is provided for incorporated bodies, sporting clubs or associations of any kind.

I advise that upon reading this, and having received independent advice (legal or otherwise) to satisfy my needs, I believe this definition extends to include myself in the circumstances I will be using the Council facility and I will avail myself of the cover.

I understand and acknowledge that Council is not representing the insurer and/or myself in respect to this insurance and is not in a position to grant or confirm cover in my particular instance other than to confirm that the Liability Insurance policy is current.

I understand that in the event of an incident occurring that could possibly result in a claim under this policy that I must advise Council as soon as possible thereafter so that guidance can be provided on the appropriate action to take to ensure the Insurer is advised as in accordance with the Policy Conditions. I also understand that it will be my responsibility to pay the \$2,000 Policy Deductible (Excess).

I also understand and acknowledge that if for some reason I may not be indemnified under this insurance that I would be personally liable for any claims arising out of my use of this facility.

### Facility and Hire Details:

Council Facility Hired/ Used: \_\_\_\_\_  
Name/ Location

Date of Use/ Hire \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

Signed: \_\_\_\_\_  
Hirer(s) of Council Facility

Dated: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

### Notes:

1. The Insurance Policy wording is held by Council and is available for perusal at the Council Administration 5 Don Cameron Drive, Calliope upon request.
2. For the purpose of this acknowledgement "I" is construed to read "I" or "we" and "myself" is construed to read "myself" or "ourselves" to represent one or more persons.
3. Gladstone Regional Council strongly recommends that you seek professional independent advice before deciding to avail yourself of this insurance cover.