



Celebration Fundraising Donations in Lieu of Gifts Form

Austin Health is the major provider of tertiary health services and health professional education and research in the northeast of Melbourne.

Austin Health comprises the Austin Hospital, Heidelberg Repatriation Hospital, Olivia Newton-John Cancer Wellness & Research Centre and Royal Talbot Rehabilitation Centre.

Austin Health is an internationally recognised leader in clinical teaching and training, affiliated with eight universities. In addition, it is the largest Victorian provider of training for specialist physicians and surgeons.

Thank you for choosing to support Austin Health!

Application Date:

Details of contact person

Title: Name: Surname:

Postal Address:

Suburb: State: Postcode:

Daytime Phone No.: Mobile Phone No.:

Email:

Name of celebration (e.g. John's 80th Birthday, John & Jane's Wedding/Engagement etc.):

Date of celebration:

Time (commencement and finish times):

Venue:

Address:

Anticipated number of guests:

Will Austin Health be the sole beneficiary of funds raised?

Yes

No

If no, please advise other beneficiaries:

Proceeds of this fundraising activity are to be directed to

Greatest Need

Specific Department

Further comments:

Have you raised funds for Austin Health before?

Yes

No

What has inspired you to raised funds for Austin Health?

Please complete and return this form by email to: fundraising@austin.org.au

or mail to:

Community Engagement Officer

Fundraising & Development Department

Austin Health

Locked Bag 25

HEIDELBERG VIC 3084

If you have any queries regarding the application, please telephone: 03 9496 5753

Thank you for your support.

Signature of Applicant

Please Print Name

Date

For Office Use Only

Date application received:

Application approved Yes / No

Letter of Authority sent: Yes / No

Date:

DONATIONS IN LIEU OF GIFTS TERMS AND CONDITIONS

“Celebration” means the fundraising activity or event you will conduct to raise funds for Austin Health. **“You”** and **“Your”** means the person named on the Celebration registration, who is completing the registration.

1. By completing this registration You agree to comply with the following terms and conditions. You warrant that any other participant on whose behalf You are submitting this registration also agrees to comply with these terms and conditions with any reference to ‘You’ or ‘Your’ throughout the document being a reference to them. You acknowledge and agree that, if You are registering on behalf of a child or children, you are their parent or guardian, or otherwise You have authority from the child or children’s parent or guardian to do so on their behalf. You warrant that they also agree to comply with these terms and conditions as if a reference to ‘You’ or ‘Your’ was a reference to them. Acceptance of these terms and conditions is required in order to fundraise for Austin.
2. You agree that you are adequately prepared both physically and medically, to participate in the Celebration. You agree that You are not aware of any illness, injury or any other physical disability or impairment which may cause You or any other person injury or death while participating in the Celebration. If You are unsure about your physical or medical suitability for participating in this Celebration, You should seek advice from your doctor prior to participating.
3. You agree that if You are registering on behalf of any child or children, You will supervise the child or children at all times during the Celebration.
4. Participants under the age of 18 must obtain the prior permission of a parent or guardian over the age of 18 to participate.
5. If You collect donations on behalf of Austin Health in relation to the Celebration, You will send all such donations to Austin Health promptly after the Celebration.
6. You consent to your name, and any video footage, or photographs taken during the Celebration or identified as being related to the Celebration (including but not limited to in social media posts) being used to publicise the Celebration by Austin Health for commercial and fundraising purposes including, but not limited to marketing material, television broadcasts, social media, advertising, publications, and other documents or mediums that may be made available to the public. Photographs of children will not be used in this manner without the express written consent of their parent or guardian; unless the images are incidental, for example, children’s images in crowds or groups. By registering on behalf of a person under the age of 18 years old, You are confirming that you have consent from that person’s parent or guardian in order for their images to be used by Austin Health in this way without payment or compensation.
7. Privacy statement - Austin Health will collect personal details contained on the registration form for the purpose of administration of the Celebration and these details may also be used for future marketing and promotional purposes (including electronic messages) by Austin Health. Personal details will not be disclosed by Austin Health to a third party except third parties who provide assistance with administration of the Celebration for the purpose of the Celebration and for marketing and promotional purposes (including but not limited to electronic messages). Austin Health may also disclose Your personal information to other similar charities to enable them to send you information about their goods, services and programs (for example, the Olivia Newton-John Cancer Research Institute). Austin Health understands the importance of protecting the privacy of individuals and complies with the relevant legislation to ensure the confidentiality of any personal information collected. Austin Health will retain the information on this form for the purpose of notifying You of future fundraising events, as well as information about Austin Health.
8. Austin Health is not liable for any expenses incurred by organisations or individuals raising money to benefit Austin Health unless specifically authorised in writing.
9. Austin Health may cancel your Celebration registration at any time. If your Celebration registration is cancelled by Austin Health, you agree to cease and desist from associating your Celebration with Austin Health on and from receipt by You of notification of cancellation of your Celebration registration by Austin Health.
10. You agree to forward samples of all promotional materials and correspondence, including all electronic and possible media releases to the Austin Health Fundraising and Development Department for approval before publishing, promoting or distributing materials. If Austin Health notifies you that any of this material is unacceptable for any reason, you will cease and desist from using that material on and from receipt by You of notification from Austin Health.
11. Liability and Indemnity. You acknowledge that conducting the Celebration and participation in the Celebration carries certain risks, including risks associated with your participation in fundraising activities, incurring of expenses and other participants’ behaviour. These risks could result in personal injury or death or damage to your property. You agree that:
 - You accept and assume the inherent risks of conducting the Celebration and participating in the Celebration
 - You indemnify, and keep indemnified, Austin Health in relation to any claim that could be made by You or any third party arising out of or in connection with your Celebration.