



Australian Government
Director of National Parks

RELEASE AND INDEMNITY

Commercial Tourism Operations in the South-East Commonwealth Marine Reserves

THIS DEED made theday of..... 20....

WITNESSES as follows:

In consideration of approval being given to the approval holder to conduct the approved activity in the South-East Commonwealth Marine Reserves, the approval holder agrees to:

- (a) indemnify and keep indemnified the Director of National Parks, the Commonwealth of Australia, and their servants and agents ('the indemnified parties') against all actions, proceedings, claims or demands brought against the indemnified parties in respect of any injury, loss or damage arising out of:
 - (i) a breach of the approval conditions by the approval holder or the approval holder's staff; or
 - (ii) an act or omission involving fault on the part of the approval holder or the approval holder's staff in carrying on the approved activity

except to the extent that any act or omission involving fault on the part of the indemnified parties contributed to the relevant liability, loss or damage

- (b) release the Director of National Parks, the Commonwealth of Australia, and their servants and agents ('the released parties') from all and any claims which the approval holder might at any time hereafter have or have had against the released parties in respect of any injury, loss or damage which may be suffered by the approval holder in the course of the approved activity, except to the extent that any act or omission involving fault on the part of the released parties contributed to the relevant injury, loss or damage.

SIGNED, SEALED AND DELIVERED

This Release and Indemnity must be signed by the proposed approval holder or, if the approval holder is a company or other body, by its duly authorised officer, and an adult witness.

Name of proposed approval holder:.....

Signature:Date.....

Name of person signing:.....

Signature of Witness:Date.....

Name of Witness.....



Australian Government
Director of National Parks

**Application to conduct Commercial Tourism operations in the
 South-east Commonwealth Marine Reserve Network**

Date: _____

1. Name of person/company to be approved: _____

2. Trading / Business name: _____

3. (if company) Names of all company directors: _____

4. Australian Business Number (ABN): _____

5. Contact details of Person/Company seeking to be approved:

Home/Work Address:

Postal Address (if different):

Home/Work Phone No:

Mobile Phone No:

Fax No: _____

Email Address: _____

6. (Where relevant) **Commercial Tourism Licence or equivalent licence held:**

State/Commonwealth Agency	Type of Activity Licensed (e.g. charter fishing)	Licence Number

7. **Vessel details:**

Nominated Vessel Name	Vessel Registration	Vessel type	Vessel size	Vessel carrying capacity	Sewage holding tanks? y/n

8. Indicate which Reserve your activities will be conducted in (if multiple Reserves please list):

9. Indicate the activities proposed to be carried on in the Reserve:

- Swimming/snorkelling Whale watching SCUBA diving
 Nature watching Charter Fishing Other – please detail below

10. Please provide a detailed description of the proposed activities, including:

Tour Name: _____

What is the nature of the activity: _____

Tour route (include maps if possible): _____

Approximate size of tour group: 1-5 5-10 10-15 15-20

Other _____

11. Please indicate how frequently you visit the Reserves

Daily

Weekly If weekly please circle the typical days you visit:

Mon
Tues
Wed
Thur
Fri
Sat
Sun

Monthly If monthly please circle the typical months you visit:

Jan	Jul
Feb	Aug
Mar	Sep
Apr	Oct
May	Nov
Jun	Dec

12. Please indicate the planned duration of your visits:

half day

one day

Other _____

13. Please outline the qualifications and experience of those people conducting the tour:

14. Yes I have attached a copy of my current public liability insurance certificate that covers all proposed activities for a minimum of \$10 million.

Note:

a. If the proposed activity includes scuba diving the public liability insurance must also cover scuba diving.

b. The insurance certificate must be in the same name as the proposed Approval Holder/s.

Note: The declaration

15. Declaration and Agreement

I, _____ agree to conduct activities in the South-east Commonwealth Marine Reserves in accordance with the conditions of this approval.

Signature:Date.....

Name of person signing:

Signature of Witness:Date.....

Name of Witness:

Note: The declaration is to be signed by the applicant for the approval or, if the applicant is a company or other body, by its duly authorised officer (e.g. director of the company).

Note: Unless sooner revoked for non-compliance, the approval will remain in effect until a management plan comes into operation for the reserves and the future conduct of the activity authorised by the approval will be subject to the prescriptions in the plan.

