**INFORMED CONSENT AND LIABILITY FORM FOR NON-APS PARTICIPANTS IN THE AUSTRALIAN ANTARTIC PROGRAM**

This Deed is made by:

[insert name] ..................................................................................................................................

of *[insert address]* ............................................................................................................................

for the benefit of the Commonwealth of Australia (**Commonwealth**).

**Recitals**

1. The Commonwealth represented by the Department of Climate Change, Energy, the Environment and Water ABN 63 573 932 849 (**Department**) conducts the Australian Antarctic Program (**AAP**) to the Antarctic, sub-Antarctic and Southern Ocean.
2. I will be an expeditioner/crew member of the AAP.
3. The AAP expedition I am participating in is scheduled to depart from Australia between [*insert month and year range, e.g. August 2022 and July 2023*] and will conclude at the completion of post-return briefings in Hobart or mainland Australia by me. (**AAP Expedition**). The AAP Expedition includes periods of pre-departure preparation and training.
4. I provide the undertakings set out below to the Commonwealth in relation to the AAP Expedition.

**Agreed terms**

1. Definitions

**AAP Expedition** means the expedition described in paragraph C of the Recitals.

**Applicable Safety Laws** means the *Civil Aviation Act 1988* (Cth), *Marine Safety (Domestic Commercial Vessel) National Law Act 2012* (Cth) and/or any other Commonwealth or Tasmanian legislation and associated regulations concerning my safety or the safety of others.

**Work Health and Safety Laws** means the *Work Health and Safety Act* *2011* (Cth) and the *Work Health and Safety Regulations 2011* (Cth).

1. Relationship with the Commonwealth
	* 1. I acknowledge that I am not an employee, servant, agent or partner of the Commonwealth.
2. Risk
	* 1. I acknowledge that the environments of Antarctica, sub-Antarctic and the Southern Ocean are inherently hazardous.
		2. I acknowledge that travelling to, living and working in these environments will involve my exposure to a range of hazards including but not limited to, extreme weather conditions and isolation.
		3. I acknowledge that the nature of the AAP Expedition is that work to be performed by me as part of the expedition and in the specified environments will expose me to risks that may impact on my health and safety.
		4. I acknowledge that the Department may have little or no capacity to repatriate me back to Australia at the planned time nor in the event of an emergency (including an emergency unrelated to the AAP Expedition, such as an unexpected medical condition or a family emergency back at home).
3. Work Health and Safety
	* 1. I will comply with my obligations under the Work Health and Safety Laws and all Applicable Safety Laws, and specifically I will:
4. take reasonable care of my own health and safety; and
5. take reasonable care that my acts or omissions do not adversely affect the health and safety of other persons; and
6. comply, so far as I am reasonably able, with any reasonable instruction that is given by a representative of the Department or leader of the AAP Expedition, including in relation to an emergency situation.
	* 1. I will, to the best of my ability, and if it is reasonably practical and safe to do so, actively assist in the event of any emergency or other circumstance wherein my assistance is required to aid other persons.
		2. I have and will continue to make during the AAP Expedition all relevant disclosures related to my health to the Department’s Polar Medical Unit. This includes disclosures related to prescription medication and any pre-existing health conditions or any new conditions that arise during the AAP Expedition.
7. Training
	* 1. I have attended all in-person pre-departure briefings and training as specified by the Department.
		2. I have completed all online pre-departure e-Learning modules as specified by the Department, and successfully completed all associated assessments.
		3. I regard myself as being fully competent and capable of undertaking my role as an expeditioner/crew member of the AAP.
8. Code of Behaviour
	* 1. I have read and understood the Code of Behaviour contained in Appendix II of the Expeditioner’s Handbook.
		2. I agree to comply with the required standards of behaviour during the period of the AAD Expedition, including the periods of pre-departure preparation and training and post-return briefings.
9. Post-Return Briefings
	* 1. I will participate in all post-return briefings as specified by the Department.
10. Insurance

I confirm that **either:**

* + 1. there is sufficient insurance coverage through a policy taken out by me, my employer or another third party for the purposes of compensation coverage in relation to the AAP Expedition, including:
1. any injury (including death) sustained by me;
2. any injury (including death) to any other person arising from any act or omission on my part;
3. any loss of or damage to my property or equipment, or loss of or damage to any other property or equipment arising from any act or omission on my part; or
4. any other liability, expenses, costs, claims, demands, actions or possible causes of action that may arise;

arising out of, or in the course of, my participation in the AAP Expedition, **or**

* + 1. I have received written acknowledgement from the Department that I am covered by the provisions of the Comcover Statement of Cover.
1. Liability
	* 1. I will indemnify the Commonwealth for any damage, claim, cost or loss suffered by the Commonwealth resulting from my negligent act during the AAP Expedition or any negligent or wilful breach of my obligations under this Deed.
		2. I will indemnify the Commonwealth for any damage, claim, cost or loss suffered by me or my property due to my own negligent actions during the course of the AAP Expedition.
		3. My obligation to indemnify the Commonwealth under this clause will reduce proportionally to the extent that the Commonwealth has contributed to the damage, claim, cost or loss.
2. Informed consent
	* 1. I have understood the information provided to me regarding the nature and range of hazards to which I will be exposed as an AAP expeditioner, and I acknowledge the risks associated with the AAP Expedition.
		2. I consent to participation in the AAP in the knowledge of the hazards and risks associated with the AAP.

**EXECUTED by deed poll**

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| --- | --- | --- |
| **SIGNED** by  |  | in the presence of |
|  |  |  |
| Name of expeditioner/crew member (print) |  | Name of witness (print) |
| Signature of expeditioner/crew member  |  | Signature of witness |
| Date |  | Date |