

**101 Bay STREET, PORT MELBOURNE – PS640959**  
**101 BAY APARTMENTS**  
**RELEASE AND INDEMNITY FORM**

This indemnity form is positioned to protect & indemnify parties

**1. Acknowledgement**

I acknowledge that:

- (a) I have read the contents of this document and I understand the meaning and effect of its provisions.
- (b) I have engaged .....to move my goods & or furniture.
- (c) I have been provided a copy of the Removalist Public Liability Insurance Policy.
- (d) Lift Protective Coverings are in position. All Parties have been instructed on the necessary use and precautions to ensure the safety of users and protection of common property against damages.
- (e) I have been instructed and shown the correct path of travel for the move.
- (f) I have walked the path of travel, areas of damage & or defects have been recorded below.
- (g) I accept any consequential resulting damages arising from the move shall be repaired at my cost.
- (h) I shall inform the Owners Corporation representative when the move is complete & the lift can be returned to service and site secured.
- (i) I shall make myself available for a final inspection of the path of travel to record resulting damage to common property.
- (j) I accept that should there be an event of injury & or damage(s), this event will be investigated by either WorkSafe & or an Owners Corporation representative.
- (k) I understand and accept that the signing of this document does not diminish any parties rights under common law.

**2. Disclaimer**

**I acknowledge that neither the Owners Corporation nor the Owners Corporation Representative accepts responsibility for:**

- (a) The safety & health of persons engaged in my move or security of property.
- (b) Resulting damages from my move.

**3. Assumption of Risk**

I voluntarily accept all risks of injury and or damage(s) that may occur as a direct or indirect consequence of or in connection with the moving of my property.

**4. Release**

I release the Owners Corporation, its representatives from responsibility or liability for Injury and or damage that may occur directly or indirectly as a consequence of, or in connection with the moving of my property.

**5. Indemnity**

I undertake to indemnify the Owners Corporation and representatives against all loss and expense incurred, directly or indirectly, as the result of a claim made by any party at all because of injury to any person & or damages to property in connection with the moving of my property.

I, the occupier sign this document; this document will be filed for reference by the Owners Corporation.

Occupier Name.....

Occupier Signature.....

Owners Corporation Representative Name.....

Owners Corporation Signature.....

Date.....

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101 BAY APARTMENTS**

**Defects & or Damage(s) record.**

Inspection record prior to commencement

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.
21.	22.
23.	24.

Occupier Signature.....

Owners Corporation Representatives Signature.....

Inspection on completion, lift covers down.

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.
21.	22.
23.	24.

Occupier Signature.....

Owners Corporation Representatives Signature.....