

Please complete reverse side - page 1 of 2

Description of Hazards / Risks	Risk Level	Risk Control Please advise how you intend to eliminate or control the hazard In the case of injury, designated first aid officer to attend to injury. Contact 000 if necessary.

Declaration

I, on behalf of, accept and understand that as the Event Organiser I am responsible for the implementation and monitoring of actions detailed in the Risk Management Plan. I declare that the information provided within this Risk Management Plan is accurate and correct and I have read and understood the Policy, Procedures and Guidelines associated with conducting a Special Event on open space areas owned by Council, of which Council is Trust Manager or under the care, control and management of Gosford City Council

Name:
 (Please print)

Organisation:
 (Please print)

Position:
 (Please Print)

Signature: Date:.....