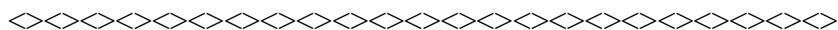


KAPULULANGU CAMP PARTICIPANT'S AGREEMENT

Participation is dependent upon payment of \$3000 (AUD) and the signing of this Agreement.

Please note that there are several sections to this Agreement: Informed Request to Participate; Health, Wellbeing and Safety, Culturally-Appropriate Behaviour, Proprietary Materials Agreement (including Cultural Knowledge Custodianship), and Confidentiality. Plus Annexure A: Medical Information. Please fax to Kapululangu at 08-91688848 please ring prior to sending your fax (same phone number)
Or scan and email to ceo@kapululangu.org .



I [print your full name]
do hereby assert that as a participant of the Kapululangu Women's Culture Learning Camp 2010
I agree the following:

1. Informed Request to Participate in the Camp

- a) I have carefully read the attached Kapululangu Women's Culture Learning Camp Information Sheet and understand the instructions. I have been informed to my satisfaction and have been told of the means by which any questions I may have can be answered. I recognise that it is not possible for Kapululangu to describe everything that may occur during the Camp.
- b) I state that my participation in the Camp is completely voluntary and that in attending the Camp I have committed to participate fully in all of its activities and to follow the directions of Kapululangu's Staff. If I have any queries or concerns in regard to these directives I will communicate about them with Kapululangu's Staff.

2. Health, Wellbeing and Safety

- a) I understand that Kapululangu takes my wellbeing and safety seriously and has set supportive processes in place accordingly (including a highly experienced Camp Coordinator and an on-site qualified Counsellor), nonetheless I am fully responsible for my physical, mental and emotional health, wellbeing and safety while I am participating in the Camp.
- b) I have provided information about my medical history and treatment. I have provided the name and contacts (email and phone) of my doctor, my next of kin, and any other person who should be contact in the case of an emergency (see form at Annexure A)
- c) I understand that Kapululangu advises that, while my participation in the Camp may be an enjoyable and valuable experience, the Camp is not suitable for everyone. I understand that there is no way to anticipate in advance how I might think or feel as a consequence of my participation in the Camp. It is possible that my participation in the Camp and its experiential activities may evoke uncomfortable and unpleasant feelings.
- d) I understand that Kapululangu strongly recommends that people who have any history of mental illness or emotional problems personally or in their immediate family, whether temporary, occasional or intermittent, and whether treated or not, or who have concerns about their ability to handle the stress, do not participate in the Camp.
- e) I understand that it is my responsibility to bring of my medications with me to the Camp, to inform Kapululangu regarding any health concerns I have, to list all medications I take so that this information can be given to Balgo's Clinic. (Please fill in form at the end of this Agreement)
- f) I agree to inform and discuss with the Camp Coordinator or Counsellor immediately if at any time before the Camp is completed I experience any unusual physical sensation, or any mental or

emotional discomfort.

g) I will act and behave at all times in a way which enhances the wellbeing of all participants in the Camp while in Balgo.

3. Culturally-Appropriate Behaviour

a) I will engage in behaviour considered appropriate to someone hosted by Kapululangu and its Women Elders as advised by the Culture Camp Coordinator or Counsellor.

b) I agree to respect the Kapululangu Women Elders and their local Indigenous protocols as explained to me by Kapululangu's Camp Coordinator.

c) I agree to participate fully in all Ceremonies as led by the Kapululangu Women Elders with the assistance of the Camp Coordinator. I agree to have my breasts and body painted with ochres (it is possible to put on a bra once painted). I will respect the Women's Law Ground as a sacred place.

d) I will participate fully in all workshops led by the Camp Coordinator.

e) I agree to being part of a Tilitja/Culture Worker Team responsible for ensuring the efficient and smooth running of the Camp (including rotational cooking), and will carry out all requests and instructions made by the Camp Coordinator and Tilitja Team Leaders in a timely and efficient manner both while in Balgo.

f) I will not venture off by myself while in Balgo, will respect the privacy of Balgo's residents, and will not intrude into any place I have not been authorised to enter.

g) I will abide by any restrictions placed upon photographs and documentation, including Law or Culture activity. If I wish to take photos at any particular time I will first check with the Camp Coordinator or Counsellor. I will not embarrass local women by asking them whether I can take photos of them.

h) I agree not to attempt to introduce my own preconceived ideas, thoughts, beliefs and knowledge to Balgo residents or Camp participants; I agree not to bring drugs or alcohol, aerosols (mosquito repellent and deodorant should be roll-on), nail polish or nail polish remover into Balgo. If I must bring petrol into Balgo in my vehicle I will ensure that the tank is no more than half full on arrival and will immediately mix with Opal Fuel at the Balgo Store. I understand that should I be found to have drugs or alcohol I will be dismissed from the Camp and other arrangements will be made for me at my own expense.

4. Proprietary Materials Agreement (including Cultural Knowledge Custodianship)

a) I understand that all Law and Culture materials, concepts, and information used or relayed during this Camp, either orally or in writing, are the property of the Cultural Knowledge Custodians of that knowledge. This is an innate and inalienable right and cannot be violated or voided.

b) I commit to respect, protect and honour the secrecy of the Ceremonial, Law and Culture knowledge, skills, activities and experiences which Kapululangu's Women Elders choose to share with me by not speaking about it with another person, unless it is with other women who were participants of the same experience.

c) I understand that I may write and speak about my personal impressions of the Camp, without giving details of the event, for personal and private reasons and that I am encouraged by Kapululangu to tell others about the benefits I realised from my participation in the Camp.

d) I acknowledge that Kapululangu holds the copyright of all Law and Culture material and agree that I may not publish or broadcast (digitally or otherwise) it at any time without the prior written consent of the Kapululangu as the legal representative of the Custodian(s). Requests for publication must be made in writing to the Kapululangu Board of Directors.

e) I will not video, audio-record, write or otherwise document, and will not distribute, transfer, duplicate or use any of the concepts, processes, or information shared with me during the Camp without the former written permission of the Kapululangu Board of Directors.

f) I will not publish, publicly share, broadcast or use, or cause to have published, publicly shared, broadcasted or used, any cultural-knowledge or any information or personal reflections about

Kapululangu, Balgo, the Camp, the Workshops or my experiences at the Camp without the prior written consent of Kapululangu Board of Directors. I agree that I will obtain renewed written permission before each new publication.

5. Confidentiality

- a) I agree to respect the confidentiality of all participants and Kapululangu’s staff and representatives and to assist in making the environment of the Camp a safe space for all to learn, explore and share together.
- b) I agree that I will uphold confidentiality and will not publish, broadcast, disclose or assist another person to publish, broadcast or disclose the identity, likeness or actual or paraphrased comments of others, including Kapululangu’s staff or representatives, who participate in the Camp.

Signature

I [print full name]

.....

Address

.....

Email

.....

Phone (landline)

(mobile)

- acknowledge that I have read, understand and agree to comply with the requirements listed in the above Informed Request to Participate in the Camp; Health, Wellbeing and Safety, Culturally-Appropriate Behaviour, Proprietary Materials Agreement (including Cultural Knowledge Custodianship), and Confidentiality. I have also read the attached Important Information paper.
- indemnify and hold Kapululangu Aboriginal Women’s Association, its Board, Staff, representatives and agents harmless of all loss, cost, obligation or damage arising out of my participation in the Camp or in other activities or events related to the Camp.
- understand that the failure of Kapululangu Aboriginal Women’s Association to enforce its rights shall not be construed as a waiver of any of its rights at any time thereafter. If any part or parts of this Agreement shall be deemed invalid or unenforceable, then that part or parts shall be deemed severed from this Agreement and such severance shall not have any effect on the remaining portions of the Agreement.
- acknowledge that my representations and agreements are freely given and are true to the best of my knowledge.
- acknowledge that my signing and submission of this Agreement does not oblige Kapululangu to accept my application to participate in the Camp.
- agree that my signature on a faxed copy of this document shall be deemed an original. I have initialled each page.

Signature Date.....

Annexure A: Medical Information:

Please assist us in preparing and informing our medical support time in Balgo by providing us with all relevant information regarding your medical condition and requirements. (PRINT CLEARLY)

Your Privacy is Protected: All Medical Information you provide us will only be seen by the Camp Coordinator and Counsellor and, if necessary, Balgo Clinic personal.

My Name:

I assert that I am fit and capable of attending the Camp (please circle) YES NO

Doctor's name

Doctor's Address

Doctor's Email

Doctor's Phone

Next of Kin's name

Next of Kin's Address

Next of Kin's Email

Next of Kin' Phone

Other People to ring in case of Emergency

Name: Relationship: Phone:

Name: Relationship: Phone:

Medical Condition(s) I have

.....

.....

Medications I take and will bring to the Camp (include dosage)

.....

.....

Allergies I have / Food I can't eat

Other Medical/Health information I want to Share:

.....