



Fraser Coast Malayalee Association (FCMA)

Liability Insurance Usage Request Form for Private Events

Member Details

- Full Name:
- Phone Number:
- Email Address:

Event Details

- Event Name/Occasion:
- Date of Event:
- Start Time:
- End Time:
- Venue Address:
- Estimated Number of Attendees:
- Will alcohol be used:

Purpose of Request

Please provide a brief description of your event and how FCMA liability insurance will be used:

Acknowledgement & Disclaimer

1. The Fraser Coast Malayalee Association (FCMA) is not liable for any injuries, damages, or incidents that occur during the event.
2. The undersigned member takes full personal liability for all guests, venue access, and any incidents arising from or related to the event.
3. FCMA reserves the full right to deny this request if the Executive Committee deems the event inappropriate or not in line with FCMA's values or regulations.
4. All necessary permits, legal obligations, and event safety requirements are the sole responsibility of the applicant.



Emergency Contact

Signature: _____

Date: _____

Member Declaration

I, the undersigned, confirm that the above information is true and complete. I understand and accept the terms outlined in this form.

Signature: _____

Date: _____

FCMA Committee Use Only

Received By:

Date Received:

☐ Approved

☐ Not Approved

Reason if Not Approved (if applicable):

Signed (on behalf of FCMA Executive Committee):

Date: _____

*Please send the form to fcma.whalecity@gmail.com or send it to one of the Ex committee members.