Pittsworth Show Society Inc. **HORSE EVENT PARTICIPANT WAIVER, RELEASE AND ACKNOWLEDGEMENT FORM. PITTSWORTH SHOW 10th and 11th MARCH 2023** In this Waiver, Release and Acknowledgement Form “the Show Society” means and includes all affiliated entities; servants or

agents of the Show Society, all employees of the Show Society, all members of the Show Society and all volunteers of the Show

Society and/or all affiliated entities.

By participating in the Event:

1. I acknowledge that it is a condition of participating in the Event that I do so at my own risk. I accept all risks and release

the Show Society from all claims, demands and proceedings arising out of or connected with my participation in the Event

and indemnify them against all liability for any injury, loss or damage arising out of or connected with my participation in

the Event. This release continues forever and binds all of my heirs, successors, executors, personal representatives and

assigns.

2. I acknowledge that it is a condition of participating in the Event that the Show Society and any person or body directly or

indirectly associated with the Event are absolved from all liability arising for injury or damage to myself or my property

howsoever caused arising out of my participation in the Event whatsoever whether due to any negligent act, breach of duty,

default and/or omission on the part of the Show Society and any person or body directly or indirectly associated with the

Event, or otherwise.

3. I acknowledge that participating in the Event may involve a risk of serious injury or even death. I accept all risks necessarily

flowing from participating in the Event.

4. I acknowledge that the Show Society relies on the information provided by me and state that all such information is

accurate and complete.

5. I warrant that I am physically fit to participate in the Event and that I have not been advised otherwise by a qualified

medical practitioner. I acknowledge that I must disclose any pre-existing medical or other condition that may affect the risk

that either myself, or any other person will suffer injury, loss or damage.

6. I consent to receiving any medical treatment including ambulance transportation that the Show Society and any person or body directly associated with the Event think desirable as required during the event.

7. I acknowledge that it is a condition of participating in the Event that I follow the instructions of the Show Society and any

person or body directly or indirectly associated with the Event at all times. I indemnify and keep indemnified the Show

Society and any person or body directly or indirectly associated with the Event from all claims, demands and proceedings

arising out of or connected with a failure by me to comply with rules and/or directions given to me by the Show Society and

any person or body directly or indirectly associated with the Event.

8. I declare that the horse/s in my care for the purposes of the Event have been in good health and not shown signs of any

respiratory or other disease for at least five (5) days prior to the Event. I authorise any official connected with the Event to

call for veterinary inspection of the horse/s in my care should they show signs of any respiratory illness and I agree to pay

any fees associated with that veterinary inspection.

9. I declare that all horse equipment (tack, bridles, buckets and any other articles that have come into contact with equines)

and the horse transport vehicle have been cleaned and disinfected before leaving the property of origin to come to this

event.

Signature: ………………………………………………………………………………………………….Date:………………….………………………………………………..

Print name in full:………………………….……………………………………………… ……… Phone:………………..………………………………………………..

Address:…………………………………………………………………………………………………………….……………………………………………………………………..

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| **DECLARATION OF MINORS – UNDER 18 YEARS OF AGE**If you are under the age of 18 years on the Event Day, your parent or guardian must sign this declaration.I certify that I am the parent/guardian of who will be years of age on the days of theEvent and that he/she has trained for and has my consent to participate in the Event. I testify that I have read the above andacknowledge acceptance of the stated conditions on behalf of the minor specified above.In consideration of the facilities provided to us, I myself, my executors, administrators and assigns and for thechild/children/under age person/s (if applicable) absolutely release and discharge the Show Society and any person directly orindirectly associated with the Event from all claims, demands and proceedings arising out of or connected with participation inthe Event that I or the child/children/under age person/s may suffer or sustain**Signature of parent/guardian:…………………………………………………………………… Date:…………………………………………………………****Print name** |

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS

AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THE DOCUMENTS FREELY AND

VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND

UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

HORSE HEALTH DECLARATION TO BE PUT ON THE LAST PAGES OF HORSE SCHEDULE……

**Also available on our website www.pittsworthshowsociety.com.au**