

KALBAR & DISTRICT AGRICULTURAL & PASTORAL ASSOCIATION INC.

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 www: http://www.kalbarshow.com.au



Event Competing In:	<input type="checkbox"/> Annual Show	<input type="checkbox"/> Other Show
Dates / Duration of Event:		

Waiver, Release and Acknowledgement Form

Clarification of Terms

In this waiver, release and acknowledgement form, "the society" means and includes:

- All affiliated entities;
- Servants or agents of the society and / or all affiliated entities;
- Employees of the society and / or all affiliated entities;
- Members of the society and / or all affiliated entities;
- Volunteers of the society and / or all affiliated entities.

Declaration of Event Participant

- I hereby 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 Kalbar & District Agricultural & pastoral Association Inc, sometimes referred to as The Kalbar Show Society and from this point on referred to as "the society", from all claims, demands and proceedings arising out of or connected in any way with my participation in the Event. I indemnify them against all liability for any injury, loss or damage to myself or my property 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 assignees.
- I acknowledge that it is a condition of participating in the Event that the Society and any person or body directly or indirectly associated with the Event are absolved from all liability arising from injury or damage to myself or my property howsoever caused arising out of participation in the Event whatsoever whether due to any negligent act, breach of duty, default and/or omission on the part of the Society and any person or body directly or indirectly associated with the Event, or otherwise.
- I acknowledge that any person participating in the Event is only allowed to do so on the distinct understanding that they do so at their risk.
- I acknowledge that participating in the Event may involve a real risk of serious injury or even death from various causes. I accept all risks necessarily flowing from participating in the Event.
- I acknowledge that the Society relies on the information provided by me and state that all such information is accurate and complete.
- I acknowledge the difficulties of participating in the Event and 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.
- I acknowledge that it is a condition of participating in the Event that I follow the instructions of the Society and any person directly or indirectly associated with the Event at all times. I indemnify and keep indemnified the 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 society and any person or body directly or indirectly associated with the Event.
- I indemnify and keep indemnified the Society and any person or body directly or indirectly associated with the Event against all claims made by any other person for injury or damage howsoever caused arising out of participation in the Event, whether due to any negligent act, breach of duty, default and/or omission on the part of the Society and any person or body directly or indirectly associated with the Event, or otherwise.

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 DOCUMENT 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.

Signature: _____ Date: _____
 Print Name in Full: _____

Declaration of Minors

Note: Should the participant be under the age of 18 years on the event day, their parent or guardian is required to sign this additional declaration.

- I certify that I am the parent / guardian of _____, who will be _____ years of age on the day of the event, and has trained for and has my consent to participate in the event. I testify that I have read the above and acknowledge acceptance of the stated conditions on behalf of the minor specified above.
- In consideration of the facilities provided to us, I, my executors, administrators and assignees and for the child / under age person, absolutely release and discharge the society and any person directly or indirectly associated with the Event from all claims, demands and proceedings arising out of or connected with participation in the Event that I or the child/ under age person may suffer or sustain. I hereby indemnify and agree to keep indemnified the Society, and any person or body directly or indirectly associated with the Event against all claims whatsoever by me or the child /under age person claim through me or through the child/ under age person in any way arising out of or connected with and this discharge may be pleaded in bar to any such claims.

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Signature of Parent / Guardian: _____ Date: _____
 Parent / Guardian's Full Name: _____
 Parent / Guardian's Address: _____ Contact No.: _____

OFFICE USE ONLY

Date Processed:	Date Form Received:
Processed By:	Date Customer Notified:

Kalbar & District Agricultural & Pastoral Association Inc.
 Location: George Street, Kalbar QLD 4309, Australia
 Postal: PO Box 38, Kalbar QLD 4309, Australia