



# ALPHA SHOW SOCIETY : 17TH - 18TH MAY 2022

## EVENT PARTICIPANT, RELEASE & ACKNOWLEDGMENT

### INDEMNITY FORM

This form must be completed for each Competitor/Exhibitor along with all paperwork as listed in each Section of the Show Schedule. ALL completed documents must be handed to the Secretary/Chief Steward, before the Event commences. In this Waiver, Release and Acknowledgement Form "the Show Society" means and includes all employees, members, volunteers, and affiliated entities; servants or agents of the Show Society.

By participating in the Event:

- I acknowledge that it is a condition of participating in the Event that I do so at my own risk. I accept all risks & release the Show Society from all claims, demands & proceedings arising out of or connected with my participation in the Event & 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 & binds all of my heirs, successors, executors, personal representatives & assigns.
- I acknowledge that it is a condition of participating in the Event that the Show Society & 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 &/or omission on the part of the Show Society & any person or body directly or indirectly associated with the Event, or otherwise.
- 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.
- I acknowledge that the Show Society relies on the information provided by me & state that all such information is accurate & complete.
- 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.
- 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.
- I consent & agree that Queensland Ag Shows (QCAS) & the Show Society have the right to take & use photographs of me (&/or my property) & use the photos in any & all marketing & media worldwide including online, now & in the future.
- I acknowledge that it is a condition of participating in the Event that I follow the instructions of the Show Society & any person or body directly or indirectly associated with the Event at all times. I indemnify & keep indemnified the Show Society & any person or body directly or indirectly associated with the Event from all claims, demands & proceedings arising out of or connected with a failure by me to comply with rules &/or directions given to me by the Show Society & any person or body directly or indirectly associated with the Event.
- I declare that the all stock 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 stock in my care, should they show signs of any respiratory illness and I agree to pay any fees associated with that veterinary inspection.
- I declare that all equipment (tack, bridles, buckets and any other articles that have come into contact with stock) and the stock transport vehicle have been cleaned and disinfected before leaving the property of origin to come to this event.

Print Name (in Full): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I have read & understand the rules & regulations & agree to be bound in all respects by these Rules & By-Laws of QCAS. I acknowledge that I have read this form or it has been explained to me. I fully understand its Terms and that I have given 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 liability to the greatest extent allowed by Law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 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 day of the Event & that he/she has trained for & has my consent to participate in the Event. I testify that I have read the above & acknowledge 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 & assigns & for the child/children/under age person/s (if applicable) absolutely release & discharge the Show Society & any person directly or indirectly associated with the Event from all claims, demands & proceedings arising out of or connected with participation in the Event that I or the child/children/under age person/s may suffer or sustain.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (in Full): \_\_\_\_\_