

## WAIVER, RELEASE & ACKNOWLEDGEMENT FORM

Maleny Show Society Inc. 13 Stanley River Road, Maleny QLD 4552. Ph. 07 5494 2008  
Email: [malenyshowssociety@bigpond.com](mailto:malenyshowssociety@bigpond.com) | Web: [www.malenyshowssociety.org.au](http://www.malenyshowssociety.org.au)

TO BE COMPLETED FOR ALL LIVESTOCK ENTRIES, SECTIONS AND COMPETITIONS, INCLUDING HORSE EVENTS, SHOW JUMPING, STUD BEEF CATTLE, DAIRY, POULTRY, PIGEONS AND THE LIKE.

THIS FORM MUST ACCOMPANY ADDITIONAL LIVESTOCK ENTRY FORMS, HEALTH DECLARATIONS OR OTHER DOCUMENTATION REQUIRED FOR THE RELEVANT LIVESTOCK CATEGORY OR COMPETITION. Visit our website or current Showbook for details of forms and waivers required for each section.

### EVENT: MALENY AGRICULTURAL SHOW Friday 2nd June & Saturday 3rd June, 2017

In this Waiver, Release & Acknowledgment Form "The Society" means and includes:

- (a) All affiliated entities;
- (b) Servants or agents of the Maleny Show Society and/or all affiliated entities;
- (c) Employees of the Maleny Show Society and/or all affiliated entities;
- (d) Members of the Maleny Show Society and/or all affiliated entities;
- (e) Volunteers of the Maleny Show Society and/or all affiliated entities;

By participating in the Maleny Agricultural Show:

1. I acknowledge that it is a condition of participating on these grounds that I do so at my own risk. I accept all risks and release the Maleny Show Society Inc. and any person or body directly or indirectly associated with the Event, from all claims demands and proceedings arising out of or connected with my participation in the Event and indemnify them against all liability for all 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 assigns.
2. 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 however arising for injury or damage to myself or my property howsoever caused arising out of participation in such activities 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 such activities or otherwise.
3. 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 own risk.
4. 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 such activities.
5. I acknowledge that the Society relies on the information provided by me and state that all such information is accurate and complete.
6. 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.
7. 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.
8. 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 such activities, or otherwise.

## ADULT DECLARATION

**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: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## DECLARATION OF MINORS

(If you are under the age of 18 years on the Event Days 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 and that he/she 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.

I testify that I have read the above and acknowledge acceptance of the stated conditions on behalf of the minor/s specified above.

In consideration of the facilities provided to us, I myself, my executors, administrators and assigns and for the child/children/under age person/s (if applicable) 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/children/under age person/s 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/children/under age person/s claiming through me or through the child/children/under age person/s 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: \_\_\_\_\_

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

Phone: \_\_\_\_\_