

Agricultural Societies Council of New South Wales Incorporated

Participants Indemnity and Waiver Form

RISK WARNING

The Agricultural Societies Council of New South Wales advises that the participation, including passive participation, in events or activities at an agricultural show contains elements of risk, both obvious and inherent. The risks involved may result in property damage and/or personal injury including death.

1. I, the signatory acknowledge, agree, and understand that participation, including passive participation, in events and activities at this, or at any show contains an element of risk of injury and I agree that I undertake any such risk voluntarily of my own free will and at my own risk.
2. I, the signatory acknowledge, agree, and understand that the risk warning at the top of this form constitutes a 'risk warning' for the purposes of Division 5 of the Civil Liability Act 2002 (NSW).
3. I, the signatory acknowledge the risk referred to above and agree to waive any and all rights that I, or any other person claiming through me, may have against the Albion Park AH&I Association Inc in relation to any loss or injury (including death) that is suffered by me as a result of the undersigned's participation in any event held by the show.
4. The signatory must continually indemnify Albion Park AH&I Association Inc on a full indemnity basis against any claim or proceeding that is made, threatened or commenced and any liability, loss (including consequential loss and loss of profits), damages or expense (including legal costs on a full indemnity basis) that Albion Park AH&I Association Inc incurs or suffers, as a direct or indirect result of the participants participation in any event held by the Albion Park AH&I Association Inc.

I have read this Indemnity and Waiver form and acknowledge and agree with its contents. I have made any further enquires which I feel are necessary or desirable and fully understand the risks involved in this activity.

Name:

Address:

Signature:Date:

Agricultural Societies Council of New South Wales Incorporated

**Participants - Parental Indemnity and Waiver Form
To be signed for all children under 18 years**

RISK WARNING

The Agricultural Societies Council of New South Wales advises that the participation, including passive participation, in events or activities at an agricultural show contains elements of risk, both obvious and inherent. The risks involved may result in property damage and/or personal injury including death.

1. I, the signatory acknowledge, agree, and understand that participation, including passive participation, in events and activities at this, or at any show contains an element of risk of injury.
2. I, the signatory acknowledge, agree, and understand that the risk warning at the top of this form constitutes a 'risk warning' for the purposes of Division 5 of the Civil Liability Act 2002 (NSW).
3. I understand that by participating in this show, the subject minor may become exposed to the risk of injury, and I consent to the participation.
4. I, the signatory assert that the above named minor voluntarily consents to participation in this show.
5. I, the signatory acknowledge the risk referred to above and agree to waive any and all rights that I, the above named minor, or any other person, may have against Albion Park AH&I Association Inc in relation to any loss or injury (including death) that is suffered by the subject minor as a result of participation in this show.
6. The signatory must continually indemnify Albion Park AH&I Association Inc on a full indemnity basis against any claim or proceeding that is made, threatened or commenced, and any liability, loss, including consequential loss, and loss of profits, damage or expense (including legal costs on a full indemnity basis) that Albion Park AH&I Association Inc incurs or suffers, as a direct or indirect result of the subject minor's participation in any event held by the Albion Park AH&I Association Inc.

I have read this form and acknowledge and agree with its contents. I have made any further enquires which I feel are necessary or desirable and fully understand the risks involved in this activity.

I,.....of.....am the

parent/guardian of.....Date of Birth.....

Name:

Address:

Signature:Date: