

Horse Event Participant - Waiver, Release and Acknowledgement Form

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 riding/exercising my horse 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 horse riding/exercising and indemnify them against all liability for any injury, loss or damage arising out of or connected riding/exercising my horse. 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 riding/exercising 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 ride/exercise 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 designated A&P Association representative 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: _____

(Optional)

Address: _____

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 this day and that he/she has trained for and has my consent to ride/exercise their horse. 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 myself, my executors, administrators and assigns and for the child/children/under age person/s (if applicable) absolutely release and discharge the Show 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

Signature of parent/guardian: _____ **Date:** _____

Print name in full: _____

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

Chinchilla Showgrounds

Owner or person in charge of horse

Full name:			
Full address: (residential or business)			
	Postcode:		
Phone number:		Mobile number:	
Email:			

Property of Origin of Horses

Full address: (property name, number, street, town)			
	Postcode:		

QDPI PIC number:

No of Stock	Breed	Description/Sex	Brand/Microchip number	Official Horse Name	Stable Name
Example Only	Thoroughbred	Chestnut gelding	Near shoulder-ABC	Mayville Lodge Caramello	Fudge

Continue over the page if travelling with more than 5 horses

Are you stabling horse/s overnight? (Please tick)

Yes

No

Please tick the nights you will be stabling. Please insert dates.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Declaration by owner or person in charge of horse/s

I,.....declare that the horse/s named above has / have been in good health, eating normally and not shown signs of illness during the last 3 days leading up to my using the Chinchilla Show Grounds. I give my authorisation for the designated A&P Association representative to call for veterinary inspection of the horse/s named above and in my care should they be showing signs of illness at any time during my stay at the showgrounds. I agree to pay any veterinary fees incurred as a result of this.

I AGREE TO ENSURE THAT:

1. If required before movement, all horses will be shampooed, rinsed and allowed to dry, and their hooves will be picked clean of all solid material and washed with shampoo.
2. All vehicles and equipment accompanying the horses should be in a clean condition at the start of travel to the Chinchilla Show Grounds.
3. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.
4. I agree to abide by all conditions and directions of the Chinchilla A&P Association Committee.
5. I acknowledge that failure to comply with the above may result in refusal of entry to the venue.
6. In the event of horse movement restrictions, each person will be responsible for the care, maintenance and cost of their horse including feeding and watering.

Signature

Name

Date