



WAIVER

RELEASE & WAIVER OF LIABILITY/DISCLAIMER FORM

I acknowledge and agree as a condition of participating that neither the SHOALHAVEN ALL BREEDS INC. SHOW, participants, EA. and its state bodies or any subdivision thereof, officials, volunteers, medical personnel, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the event will be under any liability for my death or bodily injury, loss or damage which maybe sustained or incurred by me, as a result of participation in or being present at any event, except in regard to any rights I may have arising under the Trade Practices Act 1974(cth) or similar State Legislation.

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can and do happen.

By signing here under, I confirm having read and understood the contents of the disclaimer.

Please Print your Name and Sign.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PARENT / GUARDIAN CONSENT FOR UNDER 18 YEAR OLD PARTICIPANTS.

I, \_\_\_\_\_ being the parent/guardian of \_\_\_\_\_ confirm that I have read this liability/disclaimer form and have taken all necessary action to ensure I am aware of the activity which \_\_\_\_\_ will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and accidents causing death bodily injury, disability and property damage can and do happen. I agree that the SHOALHAVEN ALL BREEDS INC. SHOW, participants EA, and its State bodies or any subdivision thereof, owners and lessees of premises used to conduct the event will be under any liability for his/her under the Trade Practices Act 1974(cth) or similar State legislation.

By signing hereunder I confirm having read and understood the contents of this disclaimer.

NAME:(block letters) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_