Agricultural Societies Council of New South Wales Incorporated

Participants Indemnity and Waiver

RISK WARNING - HORSES

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 **Blacktown & District A.H. & I. Society Inc.** Show Society in relation to any loss or injury (including death) that is suffered by me as a result of my participation in this show/event.

4. The signatory must continually indemnify the **Blacktown & District A.H. & I. Society Inc.** Show Society 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 the **Blacktown & District A.H. & I. Society Inc.** Show Society incurs or suffers, as a direct or indirect result of the undersigned's participation in any event held by **Blacktown & District A.H. & I. Society Inc.** Show Society.

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

Name : .....

Address : .....

Signature : .....

Date : .....

Signed for and on behalf of Blacktown & District A.H. & I. Society Inc. Show Society

Name : .....

Signature : ..... Date : .....

Name of Horse	Owner of Horse	Microchip No. or Reg. No or Description (sex, colour, brand)	Pic No	Last Event Horse Attended