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 the ..... Show Society 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 the ..... show 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 the ..... Show Society incurs or suffers, as a direct or indirect result of the subject minor's participation in any event held by..... Show Society.

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: .....

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