

PARKES PA&H ASSOCIATION INC – GENERAL ENTRY FORM

CLASS	NO OF SECTION	PARTICULARS	ENTRY FEE
		TOTAL	

Agricultural Societies Council of New South Wales Incorporated - Participants Waiver 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 right that I, or any other person claiming through me, may have against Parkes P A & H 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 the Parkes P A & H 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 expenses (including legal costs on a full indemnity basis) that the Parkes P A & H Association Inc. incurs or suffers, as a direct or indirect result of the participants participation in any event held by the Parkes P A & H Association Inc.
- I ACKNOWLEDGE THAT I HAVE READ THE DOCUMENT WARNING ME OF THE RISKS OF MY PARTICIPATION IN THE ACTIVITY
 - I HAVE MADE ANY FURTHER ENQUIRIES WHICH I FEEL ARE NECESSARY OR DESIRABLE AND FULLY UNDERSTAND THE RISKS INVOLVED IN THIS ACTIVITY
 - I SIGN THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME.

Name: Signature:

Mobile: Date:

I (Name)..... Date:

have observed the sighting and signing of this document by the participants listed above.