

## Event Participant - Waiver, Release and Acknowledgment Form

**24<sup>th</sup> – 25<sup>th</sup> June 2023**

In this Waiver, Release and Acknowledgment Form 'the Society' means and includes all affiliated entities; servants or agents of the Society, all employees of the Society, all members of the Society and all volunteers of the Society and/or all affiliated entities.

By participating in the Event:

- I acknowledge that it is a condition of participating in the Event that I do so at my own risk. I accept all risks and release the Society from all claims, demands and proceedings arising out of or connected with my participation in the Event and indemnify the against all liability for any injury, loss or damage arising out of or connected with my participation in the Event. This release continues forever and binds all of my heirs, successors, executors, personal representatives and assigns.
- I acknowledge that it is a condition of participating in the Event that the 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 Society and any person or body directly or indirectly associated with the Event, or otherwise.
- 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.
- I acknowledge that the Society relies on the information provided by me and state that all such information is accurate and complete.
- I warrant that I am physically fit to participate in the Event 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.
- I consent to receiving any medical treatment including ambulance transportation that the Society and any person or body directly associated with the Event think desirable as required during the event.
- I acknowledge that it is a condition of participating in the Event that I follow the instructions of the Society and any person or body directly or indirectly associated with the Event at all times. I indemnify and keep indemnified the Society any person or body directly or indirectly associated with the Event from all claims, demands and proceeding arising out of or connected with a failure by me to compel with rules and/or directions give to me by the Society and any person or body directly or indirectly associated with the Event.
- Strictly no alcohol or drugs to be consumed by competitors during competition, any competitor found in breach of this, will be disqualified, and asked to leave immediately.

**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 day of the Event and that he/she has trained for and has my consent to participate in the Event.

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 that Show Society and any person directly or indirectly associated

with the 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: \_\_\_\_\_

**Competitor found in breach of this, will be disqualified, and asked to leave immediately**

Signature:	Date:
Print name in full:	Phone:
Address:	