

AGRICULTURAL SOCIETIES COUNCIL OF NEW SOUTH WALES LIMITED

PARTICIPANT RISK ACKNOWLEDGEMENT & WAIVER (Bulk Individuals/ School Groups)

(For physical competitions and events other than those involving horses and other livestock.)

Show Society

Name of Event

Date of Event

Agricultural Societies Council of New South Wales Limited and _____
(together the suppliers) advise that participation (including passive participation) in animal handling at an agricultural show contains elements of risk, both obvious and inherent. Physical competitions, activities and events of all types are sometimes dangerous recreational activities.

1. By signing this waiver I acknowledge that:

1.1 participation in _____ (the Event) is a recreational service for the purposes of section 139A of the **Australian Competition and Consumer ACT (Cth) 2010**, and also a recreational activity for the purposes of section 5K of the **Civil Liability Act (NSW) 2002**.

1.2 participation in the Event involves a significant risk of physical harm and may result in injury, loss, damage or death to me;

1.3 participation in the Event requires certain skills and experience. I declare that I have sufficient skills and experience to be able to safely and properly participate in the Event;

1.4 If the Event is held outdoors, there are risks to me as a result of the weather conditions, including either extreme hot or cold weather, rain or wind;

1.5 I am responsible for ensuring that I have and will wear equipment suitable for safety and properly participating in the Event.

1.6 I am responsible for the condition of any tools and equipment and ensuring that they are appropriate for the Event; and

1.7 I use the facilities supplied for the Event entirely at my own risk, as I find them and with the prior acceptance of the risk of possible danger to me.

2. If I suffer injury, loss or damage (**Loss**) while participating in the Event, I will not hold the Suppliers, their employees or agents legally responsible for any Loss I suffer. I will not sue the Suppliers, their employees or agents for any claims, costs, damages or liability. I agree to realise the Suppliers and their employees from legal responsibility for the services I have been provided and/or activity I have participated in.

3. I acknowledge and agree that my participation in the Event and associated activities is dangerous and may have inherent risks as a result of which personal injury (and sometimes death) may occur. I acknowledge that the event and associated activities carry with them a significant risk of physical harm. I accept and assume all such risks of personal injury or death in any way whatsoever arising from these activities and hereby waive my individual right to sue the Suppliers for all claims I or my representatives may have for such personal injury or death against the Suppliers in any way whatsoever arising from or in connection with these activities.

4. At the time of participating in the event, I have not been, to any degree, under the influence of alcohol or illicit drugs.

5. I will not consume any alcohol or illicit drugs while participating in the Event and agree that such use may result in me being excluded from the Event or other events with no entitlement to any refund of money paid for entry to the Suppliers.

6. I agree to be bound by the rules and guidelines of the Agricultural Societies Council of NSW Ltd as varied from time to time.

This form is to be used only by individual adults signing the same waiver

By signing this document:

1. I acknowledge that I have read and understood the document warning me of the risks of participation in the activity.
2. I have made any further enquiries which I feel are necessary or desirable and fully understand the risks involved in this activity.
3. I sign this document freely and voluntarily without any inducement made to me.

| Participant's Name | Participant's Signature | Address | Contact Number |
|--------------------|-------------------------|---------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I, _____ Have observed the sighting and signing of this document by the participants listed above.

Date _____ Signature _____

