

# WARIALDA PASTORAL & AGRICULTURAL ASSOCIATION INC.



## **WAIVER FORM - INDIVIDUALS (continued)**



12. I use the Suppliers' facilities, including 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, both obvious and inherent.
13. At the time of participating in the Event and/or in using the Suppliers' facilities, I will not to any degree be under the influence of alcohol or illicit drugs.
14. I will not consume any alcohol or illicit drugs while participating in the Event and/or in using the Suppliers' facilities and agree that such use may result in my being excluded from the Event and/or from using the Suppliers' facilities with no entitlement to any refund of money paid to the Suppliers for entry.
15. I agree to be bound by the rules and guidelines of the Suppliers as varied from time to time.

### **Section C - Participant's acceptance of risk & no duty of care & waiver of rights.**

1. I acknowledge and agree that my participation in the Event and any associated activities and/or my use of the Suppliers' facilities is dangerous and may have obvious and/or inherent risks as a result of which personal injury (and sometimes death) may occur.
2. I acknowledge that my participation in the Event and any associated activities and/or my use of the Suppliers facilities carry with them a significant risk of physical harm.
3. I accept and assume all risks of personal injury or death in any way arising from my participation in the Event and any associated activities and/or my use of the Suppliers' facilities.
4. I waive my individual rights to sue the Suppliers for all claims I may have for such personal injury or death against the Suppliers in any way whatsoever arising from or in connection with my participation in the Event and any associated activities and/or my use of the Suppliers' facilities.
5. If I suffer personal injury or death while participating in the Event and/or from my use of the Suppliers' facilities, I will not hold the Suppliers, their employees or agents legally responsible for any personal injury or death I suffer.
6. I will not sue the Suppliers, their employees or agents for any claims, action, costs, damages or liability.
7. I release the Suppliers and their employees ☐ from legal responsibility for the services I have been provided and/or activity I have participated ☐ in, including the Event.

### **Section D - Signature**

#### **Where the participant is 18 year of age or over:**

I agree that I have read and understood this waiver prior to signing it.

I acknowledge that the Suppliers have permitted me to participate in the activity the subject of the document in reliance on the matters acknowledged by me and the representations I have made in this document.

I agree that this waiver is governed in all respects by and interpreted in accordance with the laws of New South Wales.

I agree that by inputting my name in the signature box and ticking the box beside my name, everything in this document is binding on me and my heirs, next of kin, executors and administrators.



# WARIALDA PASTORAL & AGRICULTURAL ASSOCIATION INC.



## **WAIVER FORM - INDIVIDUALS (continued)**



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4. I waive my individual rights to sue the Suppliers for all claims I may have for such personal injury or death against the Suppliers in any way whatsoever arising from or in connection with my participation in the Event and any associated activities and/or my use of the Suppliers' facilities.
5. If I suffer personal injury or death while participating in the Event and/or from my use of the Suppliers' facilities, I will not hold the Suppliers, their employees or agents legally responsible for any personal injury or death I suffer.
6. I will not sue the Suppliers, their employees or agents for any claims, action, costs, damages or liability.
7. I release the Suppliers and their employees ☐ from legal responsibility for the services I have been provided and/or activity I have participated ☐ in, including the Event.

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I agree that I have read and understood this waiver prior to signing it.

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## WAIVER FORM - BULK WAIVER ONLY (continued)



### **Section E - Bulk Signature Facility**

- I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD the above **SECTIONS A through to D** WARNING ME OF THE RISKS OF MY PARTICIPATION IN THE ACTIVITY
- I HAVE MADE ALL FURTHER ENQUIRIES WHICH I FEEL ARE NECESSARY OR DESIRABLE AND

PARTICIPANT'S NAME (Please Print)	PARTICIPANT or PARENT/GUARDIAN'S SIGNATURE	ADDRESS	EMAIL ADDRESS	DATE OF BIRTH	CONTACT NUMBER

### **FULLY UNDERSTAND THE RISKS INVOLVED IN THIS ACTIVITY**

- I SIGN THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME.

I..... (PLEASE PRINT NAME) Have observed the sighting and signing of this document by the participants listed above.

.....

Signature of Responsible official/Witness

Date:.....