



Under 18's Declaration Form

Local Show Level Use Only

DECLARATION – UNDER 18 YEARS OF AGE

If a competitor is under the age of 18 years on the Event Day a 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 Farmers Challenge and 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 the Agricultural Society and any person directly or indirectly associated with the event from all claims, demands and proceedings arising out of or connected with participation in the Farmers Challenge that I or the child/children/under age person/s may suffer or sustain

Signature of parent/guardian: _____

Date: _____

Print name of parent/guardian in full:



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Entry & Indemnity/Waiver

QLD Agricultural Society:

Date of Event:/...../.....

Team Name:

Nominating or Sponsoring Group/Business:

(Not compulsory however may assist the announcer with promoting your sponsor or community group)

In signing below I acknowledge that:

- I have read and agree to the Waiver, Release and Acknowledgement Form over page
- I have read the Rules & Regulations of the Young Farmer Challenge Competition and I acknowledge, understand and agree to these rules
- I agree to the use of any photographs or video footage of this competition for publications, displays or paid advertising in connection to the organising show and/or QCAS Next Generation.
- I fully understand its terms and that I have given up substantial rights by signing it.
- I have signed the documents freely and voluntarily without any inducement made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Team Member's Details:

1: Name..... Signature:.....
(Team Captain)

Phone:.....

2: Name..... Signature:.....

Phone:.....

3: Name..... Signature:.....

Phone:.....

4: Name..... Signature:.....

Phone:.....



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Farmer Challenge Participant — Waiver, Release and Acknowledgement Form

In this Waiver, Release and Acknowledgement 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 them 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 and any person or body directly or indirectly associated with the Event from all claims, demands and proceedings arising out of or connected with a failure by me to comply with rules and/or directions given to me by the Society and any person or body directly or indirectly associated with the Event.