



WARWICK SHOW & RODEO SOCIETY INC.
VOLUNTEERS INDEMNITY FORM
2024 ARIAT WARWICK RODEO AND
PRYDE'S EASIFEED WARWICK GOLD CUP CAMPDRAFT

Thank you for volunteering at this year's Ariat Warwick Rodeo and Pryde's EasiFeed Warwick Gold Cup Campdraft. Your contribution is greatly appreciated and continues to make the Warwick Rodeo, "Australia's Most Famous."

Please provide which Area/Section you are volunteering in: _____

Name of Supervisor/Organiser for this Area/Section: _____

Please circle the days that you are volunteering **Mon** **Tues** **Wed** **Thurs** **Fri** **Sat** **Sun**

Preferred times: _____

Are you a current member: Yes No

I, _____, (Full name)
accept the following conditions and guidelines of the Warwick Show & Rodeo Society Inc.

Address: _____

Phone: _____

Email: _____

I will provide the details of my emergency contact. I note that this person must be readily contactable throughout my time at the Showground. This contact is:

Emergency Contact Name: _____

Contact Phone Number: _____

Please provide any Medical Information (eg. Epilepsy, Diabetes): _____

1. I am fit for the purpose of performing my tasks at the Showground. I have no known physical or mental condition that is likely to affect my performance.
2. I am an independent person over 18 years of age who will work and perform all duties required at the Showground on a **voluntary** basis only.
3. I acknowledge the Show Society is not responsible for my personal property and the Show Society is under no liability in respect of any loss or damage caused to my personal property.
4. I will exercise reasonable care when performing my tasks in a way that ensures the health and safety of myself and others and I will comply with the Occupational Health and Safety Rules of Show Society.
5. I will not bring any hazardous or dangerous substances onto the Showground area and I will adhere to the Conditions of Entry to the Showground.



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6. I am not permitted to consume alcohol or illegal substances during the performance of my tasks.
7. I indemnify the Show Society against all claims arising out of my participation at the Showground and such claims include all action suits costs claims demands brought against the Show Society by any person or corporation arising out of any negligent or improper act or omission by me.
8. I understand that my liability in indemnifying the Show Society shall be reduced proportionately to the extent that any negligent act or omission of the Show Society may have contributed to the claim.
9. I acknowledge the Show Society reserves the right to cancel this arrangement with me at any time if I breach any of the above conditions and guidelines.
10. We will be issuing wristbands to all volunteers, and you will be required to wear them for the duration of the Rodeo and Campdraft. These wristbands entitle you to free entry to the grounds and access to a well-deserved meal at Margie's Tea House on the day that you volunteer.

THIS FORM MUST BE SIGNED FOR INSURANCE PURPOSES

(Signature of volunteer)

(Date)

Please Note the following:

Once this form is completed in full, please return to the Area/Section Supervisor/Organiser that you are volunteering in.

Please arrange collection of your passes to the event from your Supervisor/Organiser or pick up from Gate 4 after 7am, Saturday 19th October 2024.