NAME OF EVENT:

DATES/DURATION OF EVENT:

NAME AND ADDRESS OF PARTICIPANT: _____
_____
_____

**Horse Event Participant**
**Waiver, Release and Acknowledgement Form**

In this Waiver, Release and Acknowledgement Form, **"the Society"** means and includes the Warwick Show and Rodeo Society Inc. (WSRS), 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.

**Important Notice**

This is a legal document. By signing it, you are giving up certain legal rights, including the right to sue for injury, death, loss or damage. Please read carefully before signing.

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**Adult Participant Waiver**

By participating in the Event, I acknowledge and agree that:

1. **Assumption of Risk**
   - Participation in horse-related events involves obvious and inherent risks (including falls, animal behaviour, collision, equipment failure, illness, and environmental hazards) that may result in serious injury, permanent disability, or death.
   - I freely and voluntarily accept and assume all such risks as defined under the *Civil Liability Act 2003 (Qld)* and participate entirely at my own risk.
2. **Release from Liability**
   - To the fullest extent permitted by law, I release, waive and discharge the Society and any person or body directly or indirectly associated with the Event from all claims, demands, actions or proceedings for injury, death, loss or damage of any kind (including negligence, breach of duty, or default).
3. **Indemnity**
   - I indemnify and hold harmless the Society against all claims, liabilities, demands and proceedings brought by me, my heirs, executors, representatives, or third parties arising out of my participation in the Event.
4. **Compliance with Law and Event Rules**
   - I agree to comply with all Event rules, regulations, and directions of officials at all times.
   - I acknowledge that participation is subject to compliance with relevant legislation, including but not limited to the *Work Health and Safety Act 2011 (Qld)*, *Civil Liability Act 2003 (Qld)*, *Animal Care and Protection Act 2001 (Qld)*, *Biosecurity Act 2014 (Qld)*, and *Competition and Consumer Act 2010 (Cth)*.
5. **Fitness to Participate**
   - I declare that I am medically and physically fit to participate and have not been advised otherwise by a qualified medical practitioner.
   - I will withdraw immediately if I become unfit or unsafe to continue.
6. **Medical Treatment**
   - I consent to receive medical treatment, ambulance services, or emergency care at my cost, if deemed necessary by the Society or Event officials.

7. **Continuing Effect**
    - This release, waiver and indemnity is ongoing, unlimited in time, and binds my heirs, successors, executors, administrators, personal representatives and assigns

**Declaration**
I have read and understood this Waiver, Release and Acknowledgement Form. I understand that by signing it I am giving up legal rights. I sign it freely and voluntarily.

**Acknowledgement of Understanding**
I acknowledge that I have read this form, or it has been explained to me. I fully understand its terms and that I am giving up substantial legal rights by signing it. I sign this document freely and voluntarily, without inducement, and intend my signature to be a complete and unconditional release of all liability to the greatest extent permitted by law.

**Participant Name:** _____

**Signature:** _____

**Date:** _____

**Parent/Guardian (if under 18):** _____

**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 complete 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 my consent to participate. I confirm that he/she has been properly prepared and trained for this Event.

In consideration of the above minor's participation, I, for myself and on behalf of my executors, administrators and assigns, and on behalf of the minor, absolutely indemnify, release, waive and discharge the Society and any person or body directly or indirectly associated with the Event from all claims, demands, actions and proceedings arising out of or connected with the minor's participation in the Event, including for death, physical or mental injury, to the greatest extent permitted by law.

I acknowledge that I have read this form, or it has been explained to me. I fully understand its terms and the substantial rights being waived. I sign this declaration freely and voluntarily, without inducement, intending my signature to be a complete and unconditional release of all liability to the maximum extent permitted by law.

**Parent/Guardian Full Name (print):** _____

**Signature:** _____

**Date:** _____