

VOLUNTEERS INDEMNITY FORM

Warwick Show 2022



Please provide which Area/Section would you like to Volunteer: _____

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

THIS FORM MUST BE SIGNED ON PAGE 2

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

Address: _____

Phone: _____ Email: _____

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 fully vaccinated against Covid-19 or have evidence of a medical contraindication
3. **All volunteers must sign into the showgrounds using the *Check In QLD app* or via other alternative options available and provide proof of COVID-19 vaccination or evidence of medical contraindication in line with Qld Gov Health directive.**
4. I am an independent person who will work and perform all duties required at the Showground on a **voluntary** basis only.
5. 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.
6. 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.
7. 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.

WARWICK SHOW & RODEO SOCIETY INC.

PO Box 190, 18 Kingsford Street, Warwick Qld 4370 Telephone 07 4661 9060

Email: info@warwickrodeo.com.au Website: www.warwickshowandrodeo.com.au

VOLUNTEERS INDEMNITY FORM CONTINUED

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8. I am not permitted to consume alcohol or illegal substances whilst in uniform or during the performance of my tasks.
9. 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.
10. 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.
11. 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.

If in the previous 14 days you have: returned to Australia from overseas (other than a safe travel zone country), been in contact with an active COVID-19 case, been in an COVID-19 exposure site as defined by the Chief Health Officer or had a fever, cough, sore throat, headache, distorted sense of taste, shortness of breath, chills, vomiting or any cold/flu like symptoms in the last 72 hours please not attend the event.

(Signature)

(Date)

If under the age of 18 Parent/Guardian to sign

Are you a current Member: Yes / No (Please circle)

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