Agricultural Societies Council of South Australia Incorporated

Name and Date of Event	
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HORSE HANDLING PARTICIPANT RISK ACKNOWLEDGEMENT & WAIVER

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Participant /									
Contact Nur									
Email:									
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1. By signing this waiver I acknowledge that:

Name of Participants

- 1.1 participation in animal handling is a recreational service for the purposes of section 139A of the **Competition and Consumer Act (Cth) 2010**, and also a recreational activity for the purposes of Section 42 of the **Fair Trading Act (1987) SA**;
- 1.2 participation in animal handling is a hazardous activity and may result in injury, loss, damage or death to me;
- 1.3 participation in animal handling requires certain skills and experience. I declare that I have sufficient skills and experience to be able to safely and properly participate in the events:
- 1.4 animals can act in a sudden and unpredictable ways, especially if frightened or hurt, or if exposed to loud or unfamiliar noises;
- 1.5 animal showing events will be held in close proximity to rides and large groups of people, and that there may be loud and unfamiliar noises which can frighten animals;
- 1.6 if the event is held outdoors, there are risks to me as a result of the weather conditions, including either extreme hot or cold weather, rain or wind;
- 1.7 insects or other animals may cause animals to become frightened and act in an unpredictable way;
- 1.8 there is inherent in events involving the handling of animals the risk of suffering injury including injuries caused by animals; and
- 1.9 I use the facilities supplied 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.
- 2. If I suffer injury, loss or damage (Loss) while participating in an animal handling event, I will not hold the Suppliers, their employees or agents legally responsible for any Loss I suffer. I will not sue the Suppliers, their employees or agents for any claims, costs, damages or liability. I agree to release the Suppliers and their employees from legal responsibility for the services I have been provided and/or activity I have participated in.
 - I acknowledge and agree that my participation in the event and associated activities is dangerous and may have inherent risks as a result of which personal injury (and sometimes death) may occur. I acknowledge that the event and associated activities carry with them a significant risk of physical harm. I accept and assume all such risks of personal injury or death

in anyway whatsoever arising from these activities and hereby waive my individual right to sue the Suppliers for all claims I or my representatives may have for such personal injury or death against the Suppliers in any way whatsoever arising from or in connection with these activities.

- 3. At the time of participating in the event, I have not been to any degree under the influence of alcohol or illicit drugs.
- 4. I will not consume any alcohol or illicit drugs while participating in the Event and agree that such use may result in my being excluded from the Event or other events with no entitlement to any refund of money paid for entry to the Suppliers.
- 5. I agree to be bound by the rules and guidelines of the Agricultural Societies Council of South Australia Inc. as varied from time to time.

Name of Horse	Owner of horse	Microchip No. or Reg. No. or Description (sex, colour, brand).	Pic. No.	<u>Last Event & Date</u>

I, the owner/rider/exhibitor of the above horse/s, declare that, to the best of my knowledge, it is/they are fit and healthy and I agree that if found to be otherwise it/they will not be allowed to compete at this event.						
Signature Date						
Signature			Date			
-	participant is <u>over</u> 18	_	Date			
Where the		3 years of age: ver prior to signing				
Where the I agree that I have read be binding on my heirs, I acknowledge that the	participant is over 18 I and understood this waiv	B years of age: ver prior to signing d administrators. me to participate	it and agree	that this waiver will y the subject of this		
Where the I agree that I have read be binding on my heirs, I acknowledge that the document in reliance up herein.	participant is over 18 I and understood this waive next of kin, executors and Suppliers have permitted pon the matters acknowled shall be governed in all responses.	B years of age: yer prior to signing d administrators. me to participate dged by me and t	it and agree in the activity he represent	that this waiver will y the subject of this ations I have made		

Signature: Dated:/.......

Where the participant is under 18 years of age (to be completed by a parent or