



# Dalby & District Show Society Inc.

## 23<sup>rd</sup> & 24<sup>th</sup> April 2021

### Indemnity Form

President:  
Frank Chiverton  
P.O. Box 202  
Dalby Qld 4405  
ABN: 51 084 678 976

This form is to be completed by all exhibitors/competitors prior to competing in their first event at the Dalby District Show. In signing this form, the exhibitor/competitor agrees to hereby release to the full extent of the law the Dalby District Show Society and its affiliated bodies, servants, agents, contractors and employees from all claims and demands, damages, costs and expenses of any kind resulting from any accident, damage, loss or injury howsoever caused. This form is required to be submitted with nomination forms prior to commencing competition and remains current for the duration of this year's show.

I .....of Address.....

Suburb: .....State: .....Post Code: .....

Contact phone number: .....Email address: .....

#### Here by agree to;

- Indemnify Dalby District Show Society against any liability whatsoever for any injury, loss or damage sustained by me, my horse or my equipment at the Show.
- Compete and exhibit at the Dalby District Show
- Forfeit any right to any claims, demand or actions against Dalby District Show Society or related bodies arising out of the conduct of this Show
- Declare my horse/s healthy and my equipment is sound and meets current safety requirements
- Consent to receiving any medical treatment including ambulance transportation that the event organisers believe are in the best interests of my health and wellbeing
- I have read and fully understand all details on this form and declare I am over 18 years of age

#### Junior Competitors

As the parent/ caregiver of a Competitor/ Exhibitor who is under the age of 18 years, I agree to the above clauses for myself and on behalf of my child. I indemnify indefinitely all people and corporations associated with the conduct of the terms referred to herewith.

Name of Junior Competitor / Exhibitor	Name of Parent / Caregiver	Signature of Parent / Caregiver

Please state name of person who completed your Horse Health Declaration:.....

Dated at **Dalby Show** on the ..... day of ..... 20..... Competitors / Exhibitor Signature .....

No of armbands given: .....

Dalby Show Society Representative Name..... & Signature .....

Please Note: Armbands will be given to competitors / exhibitors to wear for the duration of the show to identify that the Indemnity & Horse Health Declaration forms have been completed.